

EXHIBIT 48

From: Gena Cook
Sent: Wednesday, February 26, 2003 5:42 PM
To: Marsha Peterson; Todd T Little
Subject: OHOA with drug purchases

Here is the OHOA analysis with drug purchases.

Gena

4/1/2033
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BMS/AWP/001484591

Catalog #	Product Description	Brand Name Manufacturer	AWP	2002 Purchase Volume	OTN 2.0% DIRECT Debit Price	OTN Net 75 Price	OTN 2002 Annual Purchases (Purchase Volume x Net 75)
200-500 53905-0991-01 J9015	Aldesleukin 22 MILLION IU Powder for solution 22 MIU Proleukin IV (P.F.)	Proleukin CHIRON CORPORAT ION	\$736.00		\$616.93	\$629.52	54 units
200-800 50419-0355-10	Alentuzumab 10MG/ML Solution 30 MG Campath IV (3ML AMP) (3/BOX)	Campath BERLEX LABORATO RIES, INC.	\$1,693.48		\$1,351.34	\$1,378.92	
225-100 50242-0085-27 J2997	Aleplase 100 MG Powder for solution 100 MG Activase IV (W/DILUENT)	Activase GENENTEC H, INC.	\$2,887.50		\$2,373.25	\$2,421.68	
225-050 50242-0044-13 J2997	Aleplase 50 MG Powder for solution 50 MG Activase IV (W/DILUENT)	Activase GENENTEC H, INC.	\$1,443.75		\$1,186.62	\$1,210.84	114 units
910-500 58178-0017-03 J0207	Amitostine 500MG Powder for solution 500 MG Ethyol IV (S.D.V., NANNITOL FREE)	Ethyol MEDIMMU NE ONCOLOGY INC.	\$476.81		\$380.48	\$388.24	
900-810 60553-0111-10 J9017	Arsenic Trioxide 1MG/ML Solution 10 MG Trisenox IV (10 AMPS/BOX)	Trisenox CELL THERAPEU TICS, INC.	\$3,900.00		\$2,812.17	\$2,869.56	
200-100 00006-4612-00 J9020	Asparaginase 10,000 IU Powder for solution 10000 IU Elspar D	Elspar MERCK & CO., INC.	\$65.91		\$53.70	\$54.80	50 units
843-005 63323-0234-01 J0460	Atropine Sulfate 0.4 MG/ML Solution .4 MG Atropine sulfate D (M.D.V.)	Atropine sulfate APP (AMERICAN PHARMACE UTICAL PARTNE	\$1.12		\$0.29	\$0.30	
843-010 63323-0234-20 J0460	Atropine Sulfate 0.4 MG/ML Solution 0 MG Atropine sulfate D (M.D.V.)	Atropine sulfate APP (AMERICAN PHARMACE UTICAL PARTNE	\$1.33		\$0.47	\$0.48	
843-101 63323-0246-01 J0460	Atropine Sulfate 1 MG/ML Solution 1 MG Atropine sulfate D (M.D.V.)	Atropine sulfate APP (AMERICAN PHARMACE UTICAL PARTNE	\$1.12		\$0.29	\$0.30	
200-200 00015-3010-20 J9040	Bleomycin Sulfate 15 U Powder for solution 15 UNIT Bleomycin D (VIAL)	Bleomycin BRISTOL- MYERS SQUIBB ONCOLOGY /VIROL	\$304.60		\$270.77	\$272.21	
200-225 00703-3154-01 J9040	Bleomycin Sulfate 15 U Powder for solution 15 UNIT Bleomycin sulfate D (S.D.V.)	Bleomycin sulfate ABBOTT HOSPITAL PRODUCTS	\$305.78		\$290.16	\$292.00	92 units
200-235	Bleomycin Sulfate 30 U Powder for solution 30 UNIT Bleomycin sulfate D (S.D.V.)	Bleomycin sulfate	\$611.56		\$180.32	\$184.00	

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00703-3155-01		ABBOTT HOSPITAL PRODUCTS				
J9040						
S00-137 63323-0311-10	Calcium Gluconate 100 MG/ML Solution 1 GRAM Calcium gluconate IV (10ML S.D.V., P.F.)	Calcium gluconate APP (AMERICAN PHARMACEUTICAL PARTNE	\$1.52		\$0.46	\$0.46
J0610						
903-500 00004-1101-16	Cisplatin 500 MG Tablet 120000 MG Xeloda PO 240/bottle	Xeloda ROCHE LABORATO RIES	\$2,817.60		\$2,257.71	\$2,303.79
J8521						
900-310 00015-3214-30	Carboplatin 150 MG Powder for solution 150 MG Paraplatin IV (VIAL)	Paraplatin BRISTOL-MYERS SQUIBB ONCOLOGY /VIROL	\$429.33		\$353.51	\$360.72
J9045						
900-320 00015-3215-30	Carboplatin 450 MG Powder for solution 450 MG Paraplatin IV (VIAL)	Paraplatin BRISTOL-MYERS SQUIBB ONCOLOGY /VIROL	\$1,288.01		\$1,060.54	\$1,082.18
J9045						868 units
900-300 00015-3213-30	Carboplatin 50 MG Powder for solution 50 MG Paraplatin IV (VIAL)	Paraplatin BRISTOL-MYERS SQUIBB ONCOLOGY /VIROL	\$143.13		\$117.84	\$120.25
J9045						
S03-242 00074-7445-01	Cimetidine 150 MG/ML Solution 1200 MG Cimetidine hcl IV (8HL VIAL, FLIPTOP HDV)	Cimetidine hcl ABBOTT HOSPITAL PRODUCTS	\$3.54		\$2.85	\$2.91
J9045						340 units
900-561 00703-5748-11	Cisplatin 1 MG/ML Solution 100 MG Cisplatin IV (M.D.V.)	Cisplatin ABBOTT HOSPITAL PRODUCTS	\$463.13		\$33.32	\$34.00
J9060/J9062						
900-565 63323-0103-65	Cisplatin 1 MG/ML Solution 100 MG Cisplatin IV (M.D.V., P.F.)	Cisplatin APP (AMERICAN PHARMACEUTICAL PARTNE	\$444.00		\$33.32	\$34.00
J9060/J9062						154 units
900-560 00015-3221-22	Cisplatin 1 MG/ML Solution 100 MG Platinol-eq IV (M.D.V., CYTOSHIELD, P.F.)	Platinol-eq BRISTOL-MYERS SQUIBB ONCOLOGY /VIROL	\$499.91		\$376.25	\$383.93
J9060/J9062						2 units
900-575 63323-0103-64	Cisplatin 1 MG/ML Solution 200 MG Cisplatin IV (M.D.V., P.F.)	Cisplatin APP (AMERICAN PHARMACEUTICAL PARTNE	\$688.00		\$66.64	\$68.00
J9060/J9062						
900-551 00703-5747-11	Cisplatin 1 MG/ML Solution 50 MG Cisplatin IV (M.D.V.)	Cisplatin ABBOTT HOSPITAL PRODUCTS	\$231.56		\$16.65	\$17.00
J9060/J9062						

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900-555 63323-0103-51 J9060/J9062	Cisplatin 1 MG/ML Solution 50 MG Cisplatin IV (N.D.V.,P.F.)	Cisplatin APP (AMERICAN PHARMACE UTICAL PARTNE	\$222.00		\$16.66	\$17.00	28 units
215-100 55390-0124-01 J9065	Cladribine 1 MG/ML Solution 10 MG Cladribine IV (S.D.V.,P.F.)	Cladribine BEDFORD LABORATO RIES	\$562.00		\$372.40	\$380.00	13 units
215-000 59676-0201-01 J9065	Cladribine 1 MG/ML Solution 10 MG Leustatin IV (S.D.V.)	Leustatin ORTHO BIOTECH	\$619.31		\$547.07	\$558.23	16 units
840-111 63323-0044-01 J3420	Cyanocobalamin 1000 MCG/ML Solution 1000 MCG Cyanocobalamin IM (N.D.V.)	Cyanocobalamin APP (AMERICAN PHARMACE UTICAL PARTNE	\$2.21		\$1.64	\$1.67	25 units
900-635 00015-0548-41 J9096/J9091	Cyclophosphamide 1 GM Powder for solution 1000 MG Cytosar-u lyophilized IV (VIAL)	Cytosar-u lyophilized BRISTOL- MYERS SQUIBB ONCOLOGY /VIROL	\$51.43		\$10.06	\$10.27	
803-110 55390-0133-01 J9100/J9110	Cytarabine 1 GM Powder for solution 1000 MG Cytarabine II (VIAL)	Cytarabine BEDFORD LABORATO RIES	\$50.00		\$16.66	\$17.00	
805-110 00009-3295-01 J9100/J9110	Cytarabine 1 GM Powder for solution 1000 MG Cytosar-u II (30 ML VIAL)	Cytosar-u PHARMACI A CORPORAT ION	\$67.73		\$15.95	\$16.28	63 units
803-100 55390-0131-10 J9100	Cytarabine 100 MG Powder for solution 100 MG Cytarabine II (VIAL)	Cytarabine BEDFORD LABORATO RIES	\$6.25		\$2.45	\$2.50	44 units
805-100 00009-0373-01 J9100	Cytarabine 100 MG Powder for solution 100 MG Cytosar-u II (N.D.V.)	Cytosar-u PHARMACI A CORPORAT ION	\$8.98		\$2.70	\$2.75	
803-120 55390-0134-01 J9100/J9110	Cytarabine 2 GM Powder for solution 2000 MG Cytarabine II (VIAL)	Cytarabine BEDFORD LABORATO RIES	\$98.90		\$33.32	\$34.00	
805-120 00009-3296-01 J9100/J9110	Cytarabine 2 GM Powder for solution 2000 MG Cytosar-u II	Cytosar-u PHARMACI A CORPORAT ION	\$132.58		\$31.92	\$32.57	
803-105 55390-0132-10 J9110	Cytarabine 500 MG Powder for solution 500 MG Cytarabine II (VIAL)	Cytarabine BEDFORD LABORATO RIES	\$25.00		\$6.86	\$7.00	45 units
805-105 00009-0473-01 J9110	Cytarabine 500 MG Powder for solution 500 MG Cytosar-u II (N.D.V.)	Cytosar-u PHARMACI A CORPORAT ION	\$35.64		\$7.48	\$7.63	
100-820	Dacarbazine 100 MG Powder for solution 100 MG Dacarbazine IV (S.D.V.)	Dacarbazine	\$13.35		\$6.81	\$6.95	

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63323-0127-10		APP (AMERICAN PHARMACE UTICAL PARTNE				
J9140						
100-811	Dacarbazine 200 MG Powder for solution 200 MG Dacarbazine IV (S.D.V.)	Dacarbazine ABBOTT HOSPITAL PRODUCTS	\$23.75		\$17.78	\$18.14
00703-5075-01						
J9140						
100-821	Dacarbazine 200 MG Powder for solution 200 MG Dacarbazine IV (S.D.V.)	Dacarbazine APP (AMERICAN PHARMACE UTICAL PARTNE	\$26.65		\$13.23	\$13.50
63323-0128-20						300 units
J9140						
100-812	Dacarbazine 200 MG Powder for solution 200 MG Dacarbazine IV (VIAL)	Dacarbazine ABBOTT HOSPITAL PRODUCTS	\$21.98		\$17.78	\$18.14
00703-5075-03						
J9140						
100-810	Dacarbazine 200 MG Powder for solution 200 MG Dtic-dome IV (VIAL)	Dtic-dome BAYER CORP., PHARMACE UTICAL DIVISIO	\$27.73		\$24.91	\$25.42
00026-8151-20						
J9140						
840-980	Dalteparin 10,000 IU/ML Solution 95000 UNIT Fragmin SC (M.D.V.)	Fragmin PHARMACI A CORPORAT ION	\$453.25		\$355.57	\$403.64
00013-2436-06						21 units
J1645						
840-975	Dalteparin 5000 IU/0.2 ML Solution 5000 UNIT Fragmin SC (SRN)	Fragmin PHARMACI A CORPORAT ION	\$26.37		\$23.12	\$23.59
00013-2426-91						
J1645						
226-100	Darbepoetin alfa 100MCG/ML Solution 100 MCG Aranesp IV/SC (1ML S.D.V.) (Albumin Sol.)	Aranesp ANGEN INC.	\$498.75		\$367.75	\$375.26
55513-0013-04						124 units
226-150	Darbepoetin alfa 150MCG/0.75ML Solution 150 MCG Aranesp IV/SC 0.75ML SDV	Aranesp ANGEN INC.	\$748.13		\$551.63	\$562.89
55513-0054-04						
226-200	Darbepoetin alfa 200MCG/ML Solution 200 MCG Aranesp IV/SC (1ML S.D.V.) (Albumin Sol.)	Aranesp ANGEN INC.	\$997.50		\$735.51	\$750.52
55513-0014-01						39 units
223-625	Darbepoetin alfa 25MCG/ML Solution 25 MCG Aranesp IV/SC (1ML S.D.V.) (Albumin Sol.)	Aranesp ANGEN INC.	\$124.69		\$91.93	\$93.81
55513-0010-04						4 units
226-300	Darbepoetin alfa 300MCG/ML Solution 300 MCG Aranesp IV/SC 1.0ML SDV	Aranesp ANGEN INC.	\$1,496.25		\$1,103.26	\$1,125.78
55513-0015-01						4 units
C177						
223-640	Darbepoetin alfa 40MCG/ML Solution 40 MCG Aranesp IV/SC (1ML S.D.V.) (Albumin Sol.)	Aranesp ANGEN INC.	\$199.50		\$147.10	\$150.10
55513-0011-04						
223-660	Darbepoetin alfa 60MCG/ML Solution 60 MCG Aranesp IV/SC (1ML S.D.V.) (Albumin Sol.)	Aranesp ANGEN INC.	\$299.25		\$220.66	\$225.16
55513-0012-04						12 units
901-125	Daunorubicin HCl 20 MG Powder for solution 20 MG Daunorubicin hcl IV (S.D.V.,P.F.)	Daunorubicin hcl	\$169.75		\$86.24	\$88.00

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63323-0119-08		APP (AMERICAN PHARMACE UTICAL PARTNE				
J9150						
201-104	Daunorubicin HCl 5 MG/ML Solution 20 MG Daunorubicin hcl IV (S.D.V., P.F.)	Daunorubic In hcl BEDFORD LABORATO RIES	\$158.50		\$83.30	\$85.00
55390-0108-10						
J9150						
220-551	Denileukin Diftiox 150 MCG/ML Solution Ontak IV (2ML SINGLE USE VIAL)	Ontak LIGAND PHARMACE UTICALS INCORPOR ATED	\$1,274.00		\$1,051.18	\$1,072.63
64365-0503-01						
J9160						
840-410	Dexamethasone 10MG/ML Solution 100 MG D 10ML HDV	---	---		\$3.43	\$3.50
00703-3524-03						
840-440	Dexamethasone 4 MG/ML Solution 120 MG Dexamethasone II (M.D.V., 30 ML)	Dexametha sone AMERICAN RECENT LABORATO RIES, INC.	\$7.84		\$11.41	\$11.64
00517-4930-25						
J1100						
840-401	Dexamethasone 4 MG/ML Solution 20 MG Dexamethasone II (M.D.V. 5ml)	Dexametha sone APP (AMERICAN PHARMACE UTICAL PARTNE	\$3.12		\$1.47	\$1.50
63323-0165-05						
J1100						
S03-766	Dexamethasone 4 MG/ML Solution 4 MG Dexamethasone II (VIAL)	Dexametha sone APP (AMERICAN PHARMACE UTICAL PARTNE	\$1.32		\$0.97	\$0.99
63323-0165-01						
J1100						
902-250	Dexrazoxane 250 MG Powder for solution 250 MG Zincard IV (S.D.V.)	Zincard PHARMACI A CORPORAT ION	\$237.98		\$189.89	\$193.77
00013-8715-62						
J1190						
902-260	Dexrazoxane 500 MG Powder for solution 500 MG Zincard IV (S.D.V.)	Zincard PHARMACI A CORPORAT ION	\$475.89		\$379.74	\$387.49
00013-8725-89						
J1190						
S03-191	Diphenhydramine 50 MG/ML Solution 50 MG Benadryl II (1ML AMP)	Benadryl PFIZER U.S. PHARMACE UTICALS GROUP	\$1.69		\$3.10	\$3.16
00071-4259-03						
J1200						
840-520	Diphenhydramine 50 MG/ML Solution 50 MG Diphenhydramine hcl II (DOSETTE VIAL)	Diphenhydr amine hcl ELGENS- SINN, INC.	\$1.20		\$1.00	\$1.02
00641-0376-25						250 units
J1200						
840-500	Diphenhydramine 50 MG/ML Solution 500 MG Benadryl II (STERI- VIAL)	Benadryl	---		\$8.48	\$8.65
00071-4402-10						
850-520	Diphenhydramine 50MG/ML Liquid 50 MG D 1ML PRES.-FREE	---	\$3.43		\$1.91	\$1.95
63323-0664-01		APP (AMERICAN PHARMACE UTICAL PARTNE				

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J1200									
201-120 00075-8001-20	Docetaxel 20 MG/0.5 ML Solution 20 MG Taxotere IV (S.D.V. W/DILUENT)	Taxotere AVENTIS PHARMACE UTICALS	\$345.64		\$297.19	\$303.26	578 units		
J9170									
201-180 00075-8001-80	Docetaxel 20 MG/0.5 ML Solution 80 MG Taxotere IV (S.D.V. W/DILUENT)	Taxotere AVENTIS PHARMACE UTICALS	\$1,382.54		\$1,188.62	\$1,212.88	65 units		
J9170									
900-250 00088-1206-32	Dolasetron Mesylate 20 MG/ML Solution 100 MG Anzemet IV (S.D.V.)	Anzemet AVENTIS PHARMACE UTICALS	\$173.16		\$144.30	\$147.24	9 units		
J1260									
101-101 00013-1236-91	Doxorubicin 2MG/ML DISC. Solution 10 MG Adriamycin IV (5ML VIAL, P.F.) (CYTOSAFE)	Adriamycin PHARMACI A CORPORAT ION	\$56.34		\$6.08	\$6.20			
J9000									
101-151 00013-1266-83	Doxorubicin 2MG/ML DISC. Solution 200 MG Adriamycin IV (100ML M.D.V., PF) (CYTOSAFE)	Adriamycin PHARMACI A CORPORAT ION	\$1,104.13		\$105.50	\$107.65	25 units		
J9000									
101-121 00013-1256-79	Doxorubicin 2MG/ML DISC. Solution 50 MG Adriamycin IV (VIAL, P.F.) (CYTOSAFE)	Adriamycin PHARMACI A CORPORAT ION	\$281.68		\$27.64	\$28.20			
J9000									
101-111 00013-1246-91	Doxorubicin 2MG/ML Solution 20 MG Adriamycin IV (10ML VIAL, P.F.) (CYTOSAFE)	Adriamycin	---		\$11.76	\$12.00			
101-020 17314-9600-01	Doxorubicin Liposome 2 MG/ML Solution 20 MG Doxil IV (S.D.V., STEALTH LIPOSOME)	Doxil ORTHO BIOTECH	\$796.50		\$642.96	\$656.08	159 units		
J9001									
101-050 17314-9600-02	Doxorubicin Liposome 2 MG/ML Solution 50 MG Doxil IV (S.D.V., STEALTH LIPOSOME)	Doxil ORTHO BIOTECH	\$1,991.25		\$1,607.38	\$1,640.18			
J9001									
801-105 00013-1086-91	Doxorubicin Powder 10MG DISC. Powder for solution 10 MG Adriamycin rdt IV	Adriamycin rdt PHARMACI A CORPORAT ION	\$53.64		\$5.88	\$6.00			
J9000									
801-145 00013-1116-83	Doxorubicin Powder 150 MG DISC. Powder for solution 150 MG Adriamycin rdt IV (M.D.V.)	Adriamycin rdt PHARMACI A CORPORAT ION	\$788.44		\$98.00	\$100.00			
J9000									
801-125 00013-1106-79	Doxorubicin Powder 50 MG DISC. Powder for solution 50 MG Adriamycin rdt IV	Adriamycin rdt	---		\$39.20	\$40.00			
101-130 00013-1176-87	Doxorubicin Solution 2 MG/ML DISC. Solution 75 MG Adriamycin pfs IV (VIAL, P.F.)	Adriamycin pfs PHARMACI A CORPORAT ION	\$422.51		\$45.08	\$46.00			
J9000									
102-210 00703-5043-03	Doxorubicin Solution 2 MG/ML Solution 10 MG Doxorubicin hcl IV (S.D.V. POLYMER)	Doxorubici n hcl ABBOTT HOSPITAL PRODUCTS	\$16.63		\$5.68	\$5.80			
J9000									
102-220	Doxorubicin Solution 2 MG/ML Solution 200 MG Doxorubicin hcl IV (M.D.V. POLYMER)	Doxorubici n hcl	\$332.50		\$78.40	\$80.00	323 units		

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00703-5040-01		ABBOTT HOSPITAL PRODUCTS				
J9000						
102-215	Doxorubicin Solution 2 MG/ML Solution 50 MG Doxorubicin hcl IV (S.D.V. POLYMER)	Doxorubicin hcl ABBOTT HOSPITAL PRODUCTS	\$83.13		\$23.64	\$24.12
00703-5046-01						
J9000						
101-040	Epirubicin HCL 2 MG/ML Solution 200 MG Elice IV (S.D.V.,P.F.)	Elice PHARMACEUTICAL CORPORATION	\$3,030.64		\$2,424.51	\$2,473.99
00009-5093-01						
J9180						
101-030	Epirubicin HCL 2 MG/ML Solution 50 MG Elice IV (S.D.V.,P.F.)	Elice PHARMACEUTICAL CORPORATION	\$757.66		\$606.13	\$618.50
00009-5091-01						
J9180						
223-400	Epoetin Alfa 10,000 U/ML Solution 10000 UNIT Procrit U (VIAL)	Procrit ORTHO BIOTECH	\$133.56		---	\$103.63
59676-0310-01						
Q0136						
223-590	Epoetin Alfa 10,000 U/ML Solution 10000 UNIT Procrit U (VOLUME PACK VIAL)	Procrit ORTHO BIOTECH	\$133.56		---	\$103.63
59676-0310-02						
Q0136						
223-405	Epoetin Alfa 10,000 U/ML Solution 20000 UNIT Procrit U (2ML N.D.V.)	Procrit ORTHO BIOTECH	\$267.12		---	\$207.24
59676-0312-01						
Q0136						
223-595	Epoetin Alfa 20,000 U/ML Solution 20000 UNIT Procrit U (3ML N.D.V.)	Procrit ORTHO BIOTECH	\$267.12		---	\$207.24
59676-0320-01						
Q0136						
223-600	Epoetin Alfa 40,000 U/ML Solution 40000 UNIT Procrit U (P.F.)	Procrit ORTHO BIOTECH	\$534.24		---	\$414.48
59676-0340-01						
Q0136						
223-540	Epoetin Alfa 40000 U/ML Solution 40000 UNIT Procrit U (VOLUME PACK VIAL)	Procrit ORTHO BIOTECH	\$53.42		\$46.41	\$47.36
59676-0304-02						
Q0136						
901-160	Etoposide 20 MG/ML Solution 100 MG Etoposide IV (M.D.V. POLYMER)	Etoposide ABBOTT HOSPITAL PRODUCTS	\$43.94		\$5.44	\$5.55
00703-5653-01						
J9181/J9182						
901-177	Etoposide 20 MG/ML Solution 100 MG Etoposide IV (M.D.V.)	Etoposide APP (AMERICAN PHARMACEUTICAL PARTNE	\$157.60		\$6.47	\$6.60
63323-0104-05						
J9181/J9182						
901-179	Etoposide 20 MG/ML Solution 1000 MG Etoposide IV (M.D.V.)	Etoposide APP (AMERICAN PHARMACEUTICAL PARTNE	\$1,393.40		\$64.68	\$66.00
63323-0104-50						
J9181/J9182						
901-175	Etoposide 20 MG/ML Solution 1000 MG Etoposide IV (M.D.V.,POLYMER)	Etoposide ABBOTT HOSPITAL PRODUCTS	\$429.88		\$54.68	\$55.80
00703-5657-01						
J9181/J9182						
901-165	Etoposide 20 MG/ML Solution 500 MG Etoposide IV (M.D.V.)	Etoposide	\$214.94		\$26.95	\$27.50

42 units

18 units

1812 units

4172 units

74 units

27 units

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00703-5656-01	POLYMER)	ABBOTT HOSPITAL PRODUCTS				
J9181/J9182						
901-178 63323-0104-25	Etoposide 20 MG/ML Solution 500 MG Etoposide IV (M.D.V.)	Etoposide APP (AMERICAN PHARMACE UTICAL PARTNE	\$665.30		\$32.34	\$33.00
J9181/J9182						
201-205 00015-3091-45	Etoposide 50 MG Capsule, Liquid filled 1001 MG Vepesid PO (20CAPS/BULSTER PACK)	Vepesid BRISTOL- MYERS SQUIBB ONCOLOGY /VIROL	\$1,192.00		\$959.96	\$979.55
J8560						
901-310 55390-0135-01	Floxuridine 0.5 GM Powder for solution 500 MG Floxuridine IJ 500mg vial	Floxuridine BEDFORD LABORATO RIES	\$136.38		\$112.70	\$115.00
J9200						2 units
210-000 50419-0511-06	Fludarabine Phosphate 50 MG Powder for solution 50 MG Fludara IV	Fludara BERLEX LABORATO RIES, INC.	\$343.88		\$274.39	\$279.99
J9185						270 units
801-520 63323-0117-20	Fluorouracil 50 MG/ML Solution 1000 MG Fluorouracil IV (S.D.V.,P.F.)	Fluorouracil APP (AMERICAN PHARMACE UTICAL PARTNE	\$7.50		\$3.77	\$3.85
J9190						
801-550 63323-0117-51	Fluorouracil 50 MG/ML Solution 2500 MG Fluorouracil IV (BULK PACKAGE,P.F.)	Fluorouracil APP (AMERICAN PHARMACE UTICAL PARTNE	\$16.06		\$4.61	\$4.70
J9190						
801-415 00013-1036-91	Fluorouracil 50 MG/ML Solution 500 MG Adrucil IV (VIAL)	Adrucil PHARMACI A CORPORAT ION	\$3.20		\$2.55	\$2.60
J9190						
801-510 63323-0117-10	Fluorouracil 50 MG/ML Solution 500 MG Fluorouracil IV (S.D.V.,P.F.)	Fluorouracil APP (AMERICAN PHARMACE UTICAL PARTNE	\$3.75		\$2.05	\$2.09
J9190						
801-475 00013-1056-94	Fluorouracil 50 MG/ML Solution 5000 MG Adrucil IV (VIAL)	Adrucil PHARMACI A CORPORAT ION	\$32.06		\$9.95	\$10.15
J9190						80 units
801-500 63323-0117-61	Fluorouracil 50 MG/ML Solution 5000 MG Fluorouracil IV (BULK PACKAGE,P.F.)	Fluorouracil APP (AMERICAN PHARMACE UTICAL PARTNE	\$12.12		\$9.21	\$9.40
J9190						346 units
210-125 00310-0720-25	Fulvestrant 125MG/2.5ML Solution 125 MG Faslodex IJ 2.5ML PREFILLED SYR	Faslodex ASTRA ZENECA	\$460.94		\$367.81	\$375.32
210-250	Fulvestrant 250MG/5ML Solution 250 MG Faslodex IJ 5ML	Faslodex	\$921.88		\$735.63	\$750.64
						172 units

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00310-0720-50	PREFILLED SYR	ASTRA ZENECA					
840-602 00074-6102-02 J1940	Furosemide 10 MG/ML Solution 20 MG Furosemide 17 2ml (VIAL, FLIPTOP)	Furosemide ABBOYI HOSPITAL PRODUCTS	\$0.75		\$0.78	\$0.80	75 units
221-200 55513-0924-10 J1440/J1441	GCSF 300 MCG/0.5 ML Solution 300 MCG Neupogen IJ (SINGLEJECT, 26GX5/8", PF)	Neupogen AMGEN INC.	\$227.60		\$155.39	\$158.56	50 units
221-100 55513-0530-10 J1440	GCSF 300 MCG/ML Solution 300 MCG Neupogen IJ (1ML, S.D.V., P.F.)	Neupogen AMGEN INC.	\$207.50		\$153.85	\$156.99	210 units
221-210 55513-0209-10 J1441	GCSF 480 MCG/0.8 ML Solution 480 MCG Neupogen IJ (SINGLEJECT, 26GX5/8", PF)	Neupogen AMGEN INC.	\$262.60		\$247.60	\$252.65	210 units
221-110 55513-0546-10 J1441	GCSF 480 MCG/1.6 ML Solution 480 MCG Neupogen IJ (1.6ML, S.D.V., P.F.)	Neupogen AMGEN INC.	\$330.60		\$245.15	\$250.15	320 units
222-105 58406-0002-33 J2820	GMCSF 250 MCG Powder for solution 250 MCG Leukine IV (VIAL)	Leukine BERLEX LABORATORIES, INC.	\$152.95		\$122.05	\$124.54	
222-116 58406-0050-30 J2820	GMCSF 500 MCG/ML Solution 500 MCG Leukine IV (M.D.V.)	Leukine BERLEX LABORATORIES, INC.	\$305.91		\$244.10	\$249.08	
800-910 00002-7502-01 J9201	Gemcitabine HCl 1 GM Powder for solution 1000 MG Gemzar IV (VIAL)	Gemzar LILLY, ELI & CO.	\$636.90		\$502.91	\$513.17	407 units
800-902 00002-7501-01 J9201	Gemcitabine HCl 200 MG Powder for solution 200 MG Gemzar IV (VIAL)	Gemzar LILLY, ELI & CO.	\$127.38		\$100.65	\$102.70	1160 units
215-500 00008-4510-01 J9300	Gemtuzumab 5MG/20ML Powder for solution 5 MG Hylotarg IV (20ML VIAL, P.F.)	HyloTarg WYETH-AYERST LABORATORIES	\$2,212.50		\$1,765.49	\$1,801.52	8 units
901-510 00310-0961-30 J9202	Goserelin Acetate 10.8 MG Implant 1 SYRINGE Zoladex SC	Zoladex ASTRA ZENECA	\$1,409.98		\$1,125.11	\$1,148.07	
901-500 00310-0960-36 J9202	Goserelin Acetate 3.6 MG Implant 1 SYRINGE Zoladex SC	Zoladex ASTRA ZENECA	\$469.99		\$385.19	\$393.05	
900-214 00004-0240-09 J1626	Granisetron HCl 1 MG/ML 4 MG Kytril (M.D.V., 4ml)	Kytril ROCHE LABORATORIES	\$780.80		\$258.61	\$263.89	636 units
900-210 00004-0239-09 J1626	Granisetron HCl 1MG Solution 1 ML Kytril IJ	Kytril ROCHE LABORATORIES	\$195.20		\$64.65	\$65.97	
970-203 00004-0241-33 J1626	Granisetron HCl 1MG Tablet 2000 MCG Kytril PO 2 TABS/BOX	Kytril ROCHE LABORATORIES	\$94.10		\$49.44	\$50.45	
970-221 00004-0241-26 J1626	Granisetron HCl 1MG Tablet 20000 MCG Kytril PO 20 TABS/BOX	Kytril ROCHE LABORATORIES	\$940.80		\$494.41	\$504.50	
S03-533	Heparin 100 U/ML Solution 100 UNIT Heparin lock flush IV (1ML M.D.V., P.C.)	Heparin lock flush	\$1.01		\$0.29	\$0.30	

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63323-0545-01		APP (AMERICAN PHARMACE UTICAL PARTNE					
J1642/J1644							
840-801 63323-0915-01	Heparin 20,000 U/ML Solution 20000 UNIT Heparin sodium II (1ML N.D.V., P.C.)	Heparin sodium APP (AMERICAN PHARMACE UTICAL PARTNE	\$3.84		\$1.37	\$1.40	175 units
J1642/J1644							
840-760 63323-0047-10	Heparin 5000 U/ML Solution 50000 UNIT Heparin sodium II (10ML M.D.V.)	Heparin sodium APP (AMERICAN PHARMACE UTICAL PARTNE	\$6.48		\$2.06	\$2.10	
J1642/J1644							
840-695 00074-1151-70	Heparin Lock Flush 10 U/ML Solution UNIT Heparin lock flush IV (10ML VIAL, FLIPTOP)	Heparin lock flush ABBOTT HOSPITAL PRODUCTS	\$0.62		\$0.37	\$0.38	50 units
J1642							
840-700 00074-1151-78	Heparin Lock Flush 10 U/ML Solution 300 UNIT Heparin lock flush IV (30ML VIAL, FLIPTOP)	Heparin lock flush ABBOTT HOSPITAL PRODUCTS	\$1.31		\$0.54	\$0.55	25 units
J1642							
840-720 00074-1152-70	Heparin Lock Flush 100 U/ML Solution 1000 UNIT Heparin lock flush IV (10ML VIAL, FLIPTOP)	Heparin lock flush ABBOTT HOSPITAL PRODUCTS	\$0.59		\$0.43	\$0.42	
J1642/J1644							
840-725 00074-1152-78	Heparin Lock Flush 100 U/ML Solution 3000 UNIT Heparin lock flush IV (30ML VIAL, FLIPTOP)	Heparin lock flush ABBOTT HOSPITAL PRODUCTS	\$1.31		\$0.57	\$0.58	550 units
J1642/J1644							
840-450 00009-0900-13	Hydrocortisone 100 MG Powder for solution 100 MG Solu-cortef II (ACT-O-VIAL)	Solu-cortef PHARMACE A CORPORAT ION	\$2.29		\$2.64	\$2.69	
J1720							
102-510 00703-4155-11	Idarubicin HCl 1MG/ML Solution 10 MG IV 10ML SDV PF	---	---		\$598.00	\$610.20	
102-520 00703-4156-11	Idarubicin HCl 1MG/ML Solution 20 MG IV 20ML SDV PF	GENSIA SICOR PHARMACE UTICALS, INC.	\$1,768.15		\$1,178.35	\$1,202.40	
102-420 00013-2596-91	Idarubicin HCl 1MG/ML Solution 20 MG Idamycin IV (20ML S.D.V., P.F.) (CYTOSAFE)	Idamycin PHARMACE A CORPORAT ION	\$1,964.61		\$1,567.70	\$1,599.69	
102-505 00703-4154-11	Idarubicin HCl 1MG/ML Solution 5 MG IV 5ML SDV PF	GENSIA SICOR PHARMACE UTICALS, INC.	\$442.04		\$306.05	\$312.30	

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901-130 63323-0142-10	Ifosfamide 1GM Lyophilized 1000 MG IV 30ML SDV	APP (AMERICAN PHARMACE UTICAL PARTNE	\$158.29		\$60.76	\$82.00	34 units
10208							
901-611 00015-3554-27	Ifosfamide/Mesna 10 GM-10 GM Kit 10000 MG Ifex/mesnex IV (COMBO-PACK)	Ifex/mesna x BRISTOL- MYERS SQUIBB ONCOLOGY /VIROL	\$2,822.90		\$1,753.07	\$1,788.85	15 units
101-610 00703-4100-58	Ifosfamide/Mesna 10GM/10GM Inj Kit 10000 MG IV 10X1GM IFOS/10X1GM MESNA	GENSIA SICOR PHARMACE UTICALS, INC.	\$2,438.90		\$1,422.96	\$1,452.00	
901-601 00015-3556-26	Ifosfamide/Mesna 5 GM-3 GM Kit 5000 MG Ifex/mesnex IV (COMBO-PACK)	Ifex/mesna x BRISTOL- MYERS SQUIBB ONCOLOGY /VIROL	\$1,168.25		\$726.62	\$740.43	
101-601 00703-4100-48	Ifosfamide/Mesna 5GM/3GM Inj Kit 5000 MG IV 5X1GM IFOS/3X1GM MESNA	GENSIA SICOR PHARMACE UTICALS, INC.	\$1,009.37		\$781.14	\$593.00	
901-606 00015-3564-15	Ifosfamide/Mesna 6 GM-6 GM Kit 6000 MG Ifex/mesnex IV (COMBO-PACK)	Ifex/mesna x BRISTOL- MYERS SQUIBB ONCOLOGY /VIROL	\$1,693.65		\$1,052.36	\$1,073.84	1 unit
101-606 00703-4100-68	Ifosfamide/Mesna 6GM/6GM Inj Kit 6000 MG IV 2X3GM IFOS/6X1GM MESNA	GENSIA SICOR PHARMACE UTICALS, INC.	\$1,463.30		\$866.32	\$884.00	
848-100 52769-0471-80	Immune Globulin IV 10 GM Powder for solution 10 Polygam s/d IV (S.O.V. W/DILUENT)	Polygam s/d AMERICAN RED CROSS, PLASMA SERVICES	\$895.00		\$453.54	\$462.80	
J1460/J1470 J1480/J1490 J1500/J1510 J1520/J1530 J1540/J1550 J1561/J1563							
205-000 57894-0030-01	Infliximab 100 MG Powder for solution 100 MG Remicade IV (S.D.V., P.F.)	Remicade CENTOCOR INC.	\$691.61		\$515.92	\$526.45	
J1745							
220-170 00085-0571-02	Interferon Alfa 2b 10 MILLION IU Powder for solution 10 MIU Intron a ID (W/DILUENT IN VIAL)	Intron a SCHERING PLOUGH CORPORAT ION	\$144.92		\$112.16	\$114.45	
J9214							
220-178 00085-1254-01	Interferon Alfa 2b 10 MILLION IU/0.2 ML Solution 60 MIU Intron a ID (N.D. PEN, 6 DOSE UNIT)	Intron a SCHERING PLOUGH CORPORAT ION	\$869.64		\$673.02	\$686.76	
J9214							
220-174	Interferon Alfa 2b 10 MILLION IU/ML Kit 10 MIU Intron a ID	Intron a	\$144.94		\$112.17	\$114.46	

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00085-1179-02	(VIAL/SRN,PAK10,HSA FREE)	SCHERING PLOUGH CORPORAT ION					
J9214							
220-194 00085-1133-01	Interferon Alfa 2b 10 MILLION IU/ML Solution 25 MIU Intron a IJ (M.D.V., HSA FREE)	Intron a SCHERING PLOUGH CORPORAT ION	\$362.35		\$280.43	\$285.15	5 units
J9214							
220-186 00085-1110-01	Interferon Alfa 2b 18 MILLION IU Powder for solution 18 MIU Intron a IJ (W/DILUENT IN VIAL)	Intron a SCHERING PLOUGH CORPORAT ION	\$260.88		\$201.89	\$206.01	32 units
J9214							
220-175 00085-0285-02	Interferon Alfa 2b 25 MILLION IU DISC.--Powder for solution 25 MIU Intron a IJ (W/DILUENT IN VIAL)	Intron a	---		\$266.92	\$272.37	5 units
220-158 00085-1242-01	Interferon Alfa 2b 3 MILLION IU/0.2 ML Solution 18 MIU Intron a IJ (M.D. PEN,6 DOSE UNIT)	Intron a SCHERING PLOUGH CORPORAT ION	\$260.88		\$201.89	\$206.01	
J9214							
220-168 00085-1235-01	Interferon Alfa 2b 5 MILLION IU/0.2 ML Solution 30 MIU Intron a IJ (M.D. PEN,6 DOSE UNIT)	Intron a SCHERING PLOUGH CORPORAT ION	\$434.81		\$336.60	\$343.37	
J9214							
220-180 00085-0539-01	Interferon Alfa 2b 50 MILLION IU Powder for solution 50 MIU Intron a IJ (W/DILUENT IN VIAL)	Intron a SCHERING PLOUGH CORPORAT ION	\$724.69		\$560.84	\$572.29	12 units
J9214							
220-191 00085-1168-01	Interferon Alfa 2b 6 MILLION IU/ML Solution 18 MIU Intron a IJ (M.D.V., HSA FREE)	Intron a SCHERING PLOUGH CORPORAT ION	\$260.88		\$201.89	\$206.01	
J9214							
901-290 00009-7529-01	Irinotecan 20 MG/ML Solution 100 MG Camptosar IV (S.D.V.)	Camptosar PHARMACI A CORPORAT ION	\$799.03		\$621.47	\$634.15	456 units
J9206							
901-292 00009-7529-02	Irinotecan 20 MG/ML Solution 40 MG Camptosar IV (S.D.V.)	Camptosar PHARMACI A CORPORAT ION	\$319.60		\$248.88	\$253.65	414 units
J9206							
941-105 00517-0234-10	Iron Dextran 50 MG/ML Solution 100 MG Dexterrum IJ (2ML S.D.V.; IV)	Dexterrum AMERICAN REAGENT LABORATO RIES, INC.	\$37.71		\$22.41	\$22.87	
J1750							
941-100 00364-3012-47	Iron Dextran 50 MG/ML Solution 100 MG Infed IJ (IV & IM; S.D.V.)	Infed	---		\$24.01	\$24.50	
942-100 52544-0931-02	Iron Dextran 50MG/ML Solution 100 MG Infed IJ IV & IM; SDV	Infed WATSON PHARMA, INC.	\$0.00		\$24.01	\$24.50	40 units
J1750							
240-550	Leucovorin 10 MG/ML Solution 500 MG Leucovorin calcium IJ (S.D.V.,P.F.)	Leucovorin calcium	\$195.00		\$13.96	\$14.25	

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55390-0009-01		BEDFORD LABORATORIES				
10640						
803-310	Leucovorin 100 MG Powder for solution 100 MG Leucovorin calcium IJ (VIAL)	Leucovorin calcium BEDFORD LABORATORIES	\$35.00		\$2.64	\$2.69
55390-0052-10						
10640						
901-160	Leucovorin 100 MG Powder for solution 100 MG Leucovorin calcium IJ (VIAL,P.F.)	Leucovorin calcium ABBOTT HOSPITAL PRODUCTS	\$36.69		\$2.65	\$2.70
00703-5140-01						
10640						
803-320	Leucovorin 200 MG Powder for solution 200 MG Leucovorin calcium IJ (VIAL)	Leucovorin calcium BEDFORD LABORATORIES	\$78.00		\$6.79	\$6.93
55390-0053-01						
10640						
803-335	Leucovorin 350 MG Powder for solution 350 MG Leucovorin calcium IJ (S.D.V.,P.F.)	Leucovorin calcium BEDFORD LABORATORIES	\$137.95		\$7.84	\$8.00
55390-0054-01						
10640						
901-185	Leucovorin 350 MG Powder for solution 350 MG Leucovorin calcium IJ (VIAL,P.F.)	Leucovorin calcium ABBOTT HOSPITAL PRODUCTS	\$81.46		\$11.76	\$12.00
00703-5145-01						
10640						
803-385	Leucovorin 50 MG Powder for solution 50 MG Leucovorin calcium IJ (VIAL)	Leucovorin calcium BEDFORD LABORATORIES	\$18.44		\$2.09	\$2.13
55390-0051-10						
10640						
806-500	Leucovorin 500 MG Powder for solution 500 MG Leucovorin calcium IJ (S.D.V.,P.F.)	Leucovorin calcium APP (AMERICAN PHARMACEUTICAL PARTNE	\$195.00		\$12.74	\$13.00
63323-0711-00						
10640						
901-855	Luprolide 22.5 MG Powder for suspension 22.5 MG Lupron depot IM (SRN,3 month)	Lupron depot TAP PHARMACEUTICALS INC.	\$1,931.25		\$1,541.07	\$1,572.52
00300-3346-01						
19218/11950						
19217/19219						
503-610	Luprolide 30 MG Powder for suspension 30 MG Lupron depot IM (SRN,4 month)	Lupron depot TAP PHARMACEUTICALS INC.	\$2,575.00		\$2,125.05	\$2,168.42
00300-3683-01						
19218/11950						
19217/19219						
503-132	Udocaine 1% Solution 100 MG Udocaine hcl EP (10MG/ML 10ML M.D.V.)	Udocaine hcl APP (AMERICAN PHARMACEUTICAL PARTNE	(\$0.97)		\$0.55	\$0.56
63323-0201-10						
12000						
842-400	Magnesium Sulfate 500 MG/ML Solution 1000 MG Magnesium sulfate IJ (S.D.V.,P.C.,P.F.)	Magnesium sulfate APP (AMERICAN PHARMACEUTICAL PARTNE	\$1.18		\$0.24	\$0.24
63323-0064-02						
13475						
841-201	Mannitol 25% Solution Mannitol IV (50ML VIAL, FLIPTOP)	Mannitol	\$2.02		\$1.75	\$1.79

2346 units

50 units

50 units

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00074-4031-01		ABBOTT HOSPITAL PRODUCTS					
J2150							
041-200 00517-4050-25	Hannitol 25% Solution 50 ML Hannitol IV (S.D.V., P.F.)	Hannitol AMERICAN REAGENT LABORATO RIES, INC.	\$3.14		\$5.33	\$5.44	
J2150							
503-365 00008-0613-02	Heperidine 100 MG/ML Solution 100 MG Heperidine hcl IJ (TUBEX, 22GX1 1/4")	Heperidine hcl WYETH- AYERST LABORATO RIES	\$10.00		\$11.75	\$11.99	
J2175							
901-720 63323-0733-10	Mesna 180 MG/ML Solution MG Mesna IV 10ML 1G (M.D.V.)	Mesna APP (AMERICAN PHARMACE UTICAL PARTNE	\$192.00		\$134.75	\$137.50	10 units
J9209							
901-721 63323-0733-11	Mesna 100 MG/ML Solution 1000 MG Mesna IV 10ML (M.D.V.)	Mesna APP (AMERICAN PHARMACE UTICAL PARTNE	\$192.00		\$134.75	\$137.50	37 units
J9209							
806-060 63323-0122-50	Methotrexate 1 GM Powder for solution 1000 MG Methotrexate sodium IJ (S.D.V., P.F.)	Methotrex ate sodium APP (AMERICAN PHARMACE UTICAL PARTNE	\$61.39		\$23.52	\$24.00	
J8610/J9250 J9260							
803-215 63323-0121-04	Methotrexate 25 MG/ML Solution MG Methotrexate sodium IJ (S.D.V., P.F.)	Methotrex ate sodium APP (AMERICAN PHARMACE UTICAL PARTNE	\$8.70		\$3.67	\$3.95	
J9250/J9260							
802-010 58406-0683-18	Methotrexate 25 MG/ML Solution 100 MG Methotrexate lpf sodium IJ (S.D.V., P.F.)	Methotrex ate lpf sodium	---		\$3.93	\$4.01	
803-210 55390-0032-10	Methotrexate 25 MG/ML Solution 100 MG Methotrexate sodium IJ (S.D.V., P.F.)	Methotrex ate sodium BEDFORD LABORATO RIES	\$8.75		\$2.84	\$2.90	
J9250/J9260							
803-221 63323-0121-08	Methotrexate 25 MG/ML Solution 200 MG Methotrexate sodium IJ (S.D.V., P.F.)	Methotrex ate sodium APP (AMERICAN PHARMACE UTICAL PARTNE	\$17.45		\$4.12	\$4.20	
J9250/J9260							
803-220 55390-0033-10	Methotrexate 25 MG/ML Solution 200 MG Methotrexate sodium IJ (S.D.V., P.F.)	Methotrex ate sodium BEDFORD LABORATO RIES	\$17.50		\$3.53	\$3.60	
J9250/J9260							
802-030 58406-0683-16	Methotrexate 25 MG/ML Solution 250 MG Methotrexate lpf sodium IJ (S.D.V., P.F.)	Methotrex ate lpf sodium	---		\$6.55	\$6.68	

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803-230	Methotrexate 25 MG/ML Solution 250 MG Methotrexate sodium IJ (S.D.V.,P.F.)	Methotrexate sodium	\$26.85		\$5.39	\$5.50	
63323-0121-10		APP (AMERICAN PHARMACEUTICAL PARTNE					
J9250/J9260							
803-225	Methotrexate 25 MG/ML Solution 250 MG Methotrexate sodium IJ (S.D.V.,P.F.)	Methotrexate sodium	\$26.88		\$4.31	\$4.40	
55390-0034-10		BEDFORD LABORATO RIES					
J9250/J9260							
802-140	Methotrexate 25 MG/ML Solution 250 MG Methotrexate sodium IJ (VIAL, W/PRES)	Methotrexate sodium	\$26.85		\$5.39	\$5.50	
63323-0123-10		APP (AMERICAN PHARMACEUTICAL PARTNE					
J9250/J9260							
803-200	Methotrexate 25 MG/ML Solution 50 MG Methotrexate sodium IJ (S.D.V.,P.F.)	Methotrexate sodium	\$6.85		\$2.35	\$2.40	
63323-0121-02		APP (AMERICAN PHARMACEUTICAL PARTNE					
J9250/J9260							
803-205	Methotrexate 25 MG/ML Solution 50 MG Methotrexate sodium IJ (S.D.V.,P.F.)	Methotrexate sodium	\$6.88		\$2.06	\$2.10	50 units
55390-0031-10		BEDFORD LABORATO RIES					
J9250/J9260							
802-150	Methotrexate 25 MG/ML Solution 50 MG Methotrexate sodium IJ (VIAL W/PRES)	Methotrexate sodium	\$6.85		\$2.35	\$2.40	87 units
63323-0123-02		APP (AMERICAN PHARMACEUTICAL PARTNE					
J9250/J9260							
802-117	Methotrexate 25MG/ML Solution 250 MG Methotrexate sodium IJ VIAL, W/PRES	Methotrexate sodium	\$20.48		\$8.63	\$8.81	
66479-0135-09		XANODYNE PHARMACA L, INC.					
J9250/J9260							
802-115	Methotrexate 25MG/ML Solution 50 MG Methotrexate lpf sodium IJ SDV, PF	Methotrexate lpf sodium	\$4.75		\$2.74	\$2.80	
66479-0136-11		XANODYNE PHARMACA L, INC.					
J9250/J9260							
802-114	Methotrexate 25MG/ML Solution 50 MG Methotrexate sodium IJ 2ML VIAL W/PRES	Methotrexate sodium	\$4.75		\$2.98	\$3.04	
66479-0135-01		XANODYNE PHARMACA L, INC.					
J9250/J9260							
960-410	Midazolam 1MG/ML Solution 10 MG IJ 10ML W/PRES	---	\$12.12		\$2.35	\$2.40	
55390-0125-10		BEDFORD LABORATO RIES					
J2250							
960-402	Midazolam 1MG/ML Solution 2 MG IJ 2ML SDV PF	---	\$2.42		\$0.68	\$0.69	
55390-0137-02		BEDFORD LABORATO RIES					

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J2250							
960-405 55390-0137-05	Midazolam 1MG/ML Solution 5 MG 11 SML SDV PF	---	\$6.06		\$1.16	\$1.20	
J2250		BEDFORD LABORATO RIES					
960-502 55390-0138-02	Midazolam 5MG/ML SOLUTION 10 MG 11 2ML SDV, PF	---	\$12.12		\$2.08	\$2.12	
J2250		BEDFORD LABORATO RIES					
960-505 55390-0126-05	Midazolam 5MG/ML Solution 25 MG 11 5ML W/PRES	---	\$30.30		\$5.19	\$5.30	
J2250		BEDFORD LABORATO RIES					
960-500 55390-0138-01	Midazolam 5MG/ML Solution 5 MG 11 1ML SDV PF	---	\$6.06		\$1.10	\$1.12	
J2250		BEDFORD LABORATO RIES					
960-510 55390-0126-10	Midazolam 5MG/ML Solution 50 MG 11 10ML W/PRES	---	\$60.60		\$10.39	\$10.60	
J2250		BEDFORD LABORATO RIES					
803-420 55390-0252-01	Mitomycin 20 MG Powder for solution 20 MG Mitomycin IV (S.D.V., P.F.)	Mitomycin BEDFORD LABORATO RIES	\$434.60		\$93.10	\$95.80	1 unit
J9290							
902-110 00015-3002-20	Mitomycin 20 MG Powder for solution 20 MG Mitomycin IV (VIAL)	Mitomycin	\$452.91		\$196.00	\$200.00	2 units
J9290		BRISTOL- MYERS SQUIBB ONCOLOGY /VIROL					
803-440 55390-0253-01	Mitomycin 40 MG Powder for solution 40 MG Mitomycin IV (S.D.V., P.F.)	Mitomycin BEDFORD LABORATO RIES	\$915.00		\$196.00	\$200.00	
J9291							
902-120 00015-3059-20	Mitomycin 40 MG Powder for solution 40 MG Mitomycin IV (VIAL)	Mitomycin	\$915.00		\$392.00	\$400.00	
J9291		BRISTOL- MYERS SQUIBB ONCOLOGY /VIROL					
803-405 55390-0251-01	Mitomycin 5 MG Powder for solution 5 MG Mitomycin IV (S.D.V., P.F.)	Mitomycin BEDFORD LABORATO RIES	\$126.05		\$34.30	\$35.00	16 units
J9280							
902-100 00015-3001-20	Mitomycin 5 MG Powder for solution 5 MG Mitomycin IV (VIAL)	Mitomycin	\$134.11		\$58.80	\$60.00	
J9280		BRISTOL- MYERS SQUIBB ONCOLOGY /VIROL					
902-200 58406-0640-03	Mitoxantrone 2 MG/ML Solution 20 MG Novantrone IV (M.D.V.)	Novantrone AMGEN INC.	\$1,120.79		\$1,186.24	\$1,210.45	130 units
J9293							
902-210 58406-0640-05	Mitoxantrone 2 MG/ML Solution 25 MG Novantrone IV (M.D.V.)	Novantrone AMGEN INC.	\$1,400.95		\$1,482.77	\$1,513.03	
J9293							
902-220 58406-0640-07	Mitoxantrone 2 MG/ML Solution 30 MG Novantrone IV (M.D.V.)	Novantrone AMGEN INC.	\$1,681.18		\$1,779.36	\$1,815.67	6 units
J9293							
224-010	Octreotide Acetate 10 MG Powder for solution Sandostatin lar depot 11 (VIAL W/DILUENT)	Sandostati n lar depot	\$1,625.80		\$1,297.32	\$1,323.80	

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00078-0340-84		NOVARTIS PHARMACE UTICALS CORPORAT IO					
J2352							
224-020	Octreotide Acetate 20 MG Powder for solution Sandostatin lar depot IJ (VIAL W/DILUENT)	Sandostati n lar depot	\$1,867.20		\$1,489.95	\$1,520.36	50 units
00078-0341-84		NOVARTIS PHARMACE UTICALS CORPORAT IO					
J2352							
224-030	Octreotide Acetate 30 MG Powder for solution Sandostatin lar depot IJ (VIAL W/DILUENT)	Sandostati n lar depot	\$2,509.87		\$2,002.19	\$2,043.05	6 units
00078-0342-84		NOVARTIS PHARMACE UTICALS CORPORAT IO					
J2352							
224-300	Octreotide Acetate 500 MCG/ML Solution 500 MCG Sandostatin IJ (1 ml, AMP)	Sandostati n	\$89.57		\$75.71	\$77.26	
00078-0182-03		NOVARTIS PHARMACE UTICALS CORPORAT IO					
J2352							
900-100	Ondansetron HCl 2 MG/ML Solution 40 MG Zofran IJ (M.D.V.)	Zofran GLAXO SMITHKLIN E PHARMACE UTICALS	\$256.40		\$163.33	\$166.66	106 units
00173-0442-00							
J2405							
900-050	Ondansetron HCl 32 MG/50 ML Solution 32 MG Zofran IV (PREMIXED BAG)	Zofran GLAXO SMITHKLIN E PHARMACE UTICALS	\$206.41		\$107.88	\$110.08	
00173-0461-00							
J2405							
222-200	Oprelvekin 5 MG Powder for solution 5 MG Neumega SC (SINGLE VIAL,P.F.)	Neumega GENETICS INSTITUTE , INC.	\$270.14		\$215.55	\$219.95	1 unit
58394-0004-01							
J2355							
222-207	Oprelvekin 5 MG Powder for solution 5 MG Neumega SC (VIAL,P.F.)	Neumega GENETICS INSTITUTE , INC.	\$270.14		\$215.55	\$219.95	
58394-0004-02							
J2355							
901-597	Oxaliplatin 100MG Lyophilized Pwd 100 MG Eloxatin IV PRES.-FREE SDV INI	Eloxatin SANOFI- SYNTHELA BO INC.	\$1,988.52		\$1,582.75	\$1,615.05	13 units
00024-0597-04							
901-596	Oxaliplatin 50MG Lyophilized Pwd 50 MG Eloxatin IV PRES.-FREE SDV INI	Eloxatin SANOFI- SYNTHELA BO INC.	\$994.28		\$791.37	\$807.52	5 units
00024-0596-02							
S05-841	PLUM PUMP SET W/TAXOL TUBING 48/CS	Plum	---		\$733.28	\$748.24	
0074-1187912							
900-450	Paclitaxel 6 MG/ML Solution 100 MG Taxol IV (M.D.V.)	Taxol BRISTOL- MYERS SQUIBB ONCOLOGY /MROL	\$608.76		\$161.70	\$165.00	
00015-3476-30							

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J9265								
900-400 00015-3475-30	Paclitaxel 6 MG/ML Solution 30 MG Taxol IV (M.O.V.)	Taxol BRISTOL- MYERS SQUIBB ONCOLOGY /VIROL	\$182.63		\$48.51	\$49.50	29 units	
J9265								
900-480 00015-3479-11	Paclitaxel 6 MG/ML Solution 300 MG Taxol IV (H.O.V.)	Taxol BRISTOL- MYERS SQUIBB ONCOLOGY /VIROL	\$1,826.25		\$485.10	\$495.00	6 units	
J9265								
840-200 00083-2601-04	Pamidronate Disodium 30 MG Powder for solution 30 MG Aredia IV (VIAL)	Aredia NOVARTIS PHARMACE UTICALS CORPORAT IO	\$279.86		\$240.68	\$245.49		
J2430								
800-230 55390-0127-01	Pamidronate Disodium 30MG/10ML Powder 30 MG IV (Lyophilized)	Pamidronat e BEDFORD LABORATO RIES	\$279.86		\$87.82	\$89.61	22 units	
J2430								
800-231 55390-0204-01	Pamidronate Disodium 30MG/10ML Solution 30 MG IV	Bedford BEDFORD LABORATO RIES	\$279.86		\$87.82	\$89.61		
J2430								
800-430 63323-0734-10	Pamidronate Disodium 3MG/ML Liquid 30 MG U 10ML SDV	American Pharmaceu tical Partners APP (AMERICAN PHARMACE UTICAL PARTNE	\$290.00		\$87.82	\$89.61		
J2430								
840-290 00083-2609-01	Pamidronate Disodium 90 MG Powder for solution 90 MG Aredia IV (Vial)	Aredia NOVARTIS PHARMACE UTICALS CORPORAT IO	\$839.60		\$721.75	\$736.48	29 units	
J2430								
800-290 55390-0129-01	Pamidronate Disodium 90MG/10ML Powder 90 MG IV (Lyophilized)	Pamidronat e BEDFORD LABORATO RIES	\$839.60		\$265.22	\$270.63	32 units	
J2430								
800-490 63323-0735-10	Pamidronate Disodium 9MG/ML Liquid 90 MG U 10ML SDV	American Pharmaceu tical Partners APP (AMERICAN PHARMACE UTICAL PARTNE	\$872.00		\$265.22	\$270.63		
J2430								
221-310 55513-0190-01	Pegfilgrastim 6MG/0.6ML Solution 6 MG Neulasta IV (SYR W/NDL GUARD, PFS, SDOSE)	Neulasta AMGEN INC.	\$2,950.00		\$2,153.22	\$2,197.16		
240-000 62701-0800-01	Pentostatin 10 MG Powder for solution 10 MG Nipent IV (S.D.V.)	Nipent SUPERGEN INC.	\$2,028.00		\$1,624.85	\$1,658.01	9 units	
J9268								
503-701 00024-1550-01	Photofrin 75MG Powder for solution 75 MG PHOTOFRIN IV	PHOTOFRI N	---		\$2,335.56	\$2,383.22		
941-110 00006-7780-64	Plytomadione DISC.--10 MG/ML Solution 10 MG Aquamephyton II (AMP)	Aquameph yton MERCK & CO., INC.	\$5.92		\$5.28	\$5.39		

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J3430							
230-310 00006-4739-00	Pneumococcal 575 HCG/0.5 ML Solution 5 DOSE Pneumovax 23 IM (M.D.V.)	Pneumovax 23 MERCK & CO., INC.	\$78.14		\$79.93	\$81.56	
841-521 63323-0965-10	Potassium Chloride 2 MEQ/ML Solution 20 MEQ Potassium chloride concentrate IV (10ML S.D.V.,P.C.,P.F.)	Potassium chloride concentrate APP (AMERICAN PHARMACEUTICAL PARTNE	\$1.42		\$0.29	\$0.30	50 units
J3480							
841-541 63323-0965-20	Potassium Chloride 2 MEQ/ML Solution 40 MEQ Potassium chloride concentrate IV (20ML S.D.V.,P.C.,P.F.)	Potassium chloride concentrate APP (AMERICAN PHARMACEUTICAL PARTNE	\$1.65		\$0.35	\$0.36	
J3480							
900-025 00703-2191-04	Promethazine 25MG/ML Solution 25 MG 11 1ML vial	--- GENSIA SICOR PHARMACEUTICALS, INC.	\$2.38		\$1.37	\$1.40	
J2550							
900-150 00703-2201-04	Promethazine 50MG/ML Solution 50 MG 11 1ML vial	--- GENSIA SICOR PHARMACEUTICALS, INC.	\$3.00		\$1.67	\$1.70	
J2550							
503-457 00008-0063-01	Promethazine HCl 25 MG/ML Solution 25 MG Phenergan 11 (AMP)	Phenergan WYETH- AYERST LABORATORIES	\$3.10		\$2.62	\$2.67	
J2550							
144-201 60492-0023-01 J2792	RHO D Immune Globulin 1500 IU Powder for solution 300 MCG Winrho sdf IV (S.D.V.)	Winrho sdf NABI	\$324.50		\$161.70	\$165.00	
144-210 60492-0024-01 J2792	RHO D Immune Globulin 5000 IU Powder for solution 1000 MCG Winrho sdf IV (VIAL)	Winrho sdf NABI	\$1,081.50		\$534.10	\$545.00	
223-700 50242-0051-21 J9310	Rituximab 10 MG/ML Solution 100 MG Rituxan IV (S.D.V.,P.F.)	Rituxan GENENTEC H/DEC	\$500.00		\$395.41	\$403.48	686 units
223-710 50242-0053-06 J9310	Rituximab 10 MG/ML Solution 500 MG Rituxan IV (S.D.V.,P.F.)	Rituxan GENENTEC H/DEC	\$2,500.02		\$1,977.00	\$2,017.35	343 units
841-770 63323-0259-30	SODIUM CHLOR 0.9% PARABEN 30ML MDV	Sodium Chloride	---		\$0.51	\$0.52	
841-970 63323-0249-30	STERILE WATER INJ PARABEN 30ML MDV	Sterile Water	---		\$0.54	\$0.55	
500-041 00009-0825-01 J1720	Solu Cortef 100 MG Powder for solution 100 MG Solu-cortef 11	Solu-cortef PHARMACIA CORPORATION	\$2.18		\$1.89	\$1.93	
910-235 00085-1259-02	Temozolomide 100 MG Capsule 2000 MG Temodar PO 20/BTL	Temodar SCHERING PLOUGH CORPORATION	\$2,895.40		\$2,452.50	\$2,502.55	

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J8700						
910-240 00085-1252-01	Temozolomide 250 MG Capsule MG Temodar PO 5/BTL	Temodar SCHERING PLOUGH CORPORAT ION	\$1,809.70		\$1,532.81	\$1,564.09
J8700						
910-245 00085-1252-02	Temozolomide 250 MG Capsule 5000 MG Temodar PO 20/BTL	Temodar SCHERING PLOUGH CORPORAT ION	\$7,239.80		\$6,131.26	\$6,256.39
J8700						
890-211 00009-0417-02	Testosterone Cypionate 200 MG/ML Oil 2000 MG Depo- testosterone IM (VIAL)	Depo- testosteron e PHARMACI A CORPORAT ION	\$94.14		\$80.56	\$82.20
J1080						
202-515 00703-4301-02	Thiotepa 15 MG Powder for solution Thiotepa II (S.D.V.)	Thiotepa ABBOTT HOSPITAL PRODUCTS	\$148.44		\$50.96	\$52.00
J9340						
202-530 00703-4303-01	Thiotepa 30 MG Powder for solution Thiotepa II (S.D.V.)	Thiotepa ABBOTT HOSPITAL PRODUCTS	\$296.88		\$101.92	\$104.00
J9340						3 units
840-772 67211-0342-08	Thiopropin Sodium 20000IU/ML Solution 40000 IU Innohep SC 2HL HDV	Innohep PHARMION CORPORAT ION	\$161.28		\$79.03	\$80.64
J1655						1 unit
901-285 00007-4201-01	Topotecan HCl 4 MG Powder for solution 4 MG Hycamtin IV (S.D.V.)	Hycamtin GLAXO SMITHKLIN E PHARMACE UTICALS	\$768.17		\$621.06	\$633.73
J9350						
901-280 00007-4201-05	Topotecan HCl 4 MG Powder for solution 4 MG Hycamtin IV (S.D.V.)	Hycamtin GLAXO SMITHKLIN E PHARMACE UTICALS	\$768.17		\$621.07	\$633.74
J9350						85 units
211-673 50242-0134-60	Trastuzumab 440 MG Powder for solution 440 MG Herceptin IV (M.D.V., W/DILUENT)	Herceptin GENENTEC M., INC.	\$2,544.78		\$2,010.32	\$2,051.35
J9355						249 units
860-360 00074-6533-01	Vancomycin 1 GM Powder for solution 1000 MG Vancomycin hcl IV (VIAL, FLIPTOP)	Vancomycin hcl ABBOTT HOSPITAL PRODUCTS	\$17.68		\$12.14	\$12.39
J3370						20 units
503-320 00173-0463-00	Ventolin 0.09 MG/INH Aerosol powder Ventolin IH (80 DOSE)	Ventolin GLAXO SMITHKLIN E PHARMACE UTICALS	\$17.66		\$19.68	\$20.08
102-610 63323-0278-10	Vinblastine Sulfate 1 MG/ML Solution 10 MG Vinblastine sulfate IV (H.D.V.)	Vinblastine sulfate APP (AMERICAN PHARMACE UTICAL PARTNE	\$43.23		\$7.74	\$7.90
						87 units

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J9360								
102-750	Vincristine 1 MG/ML Solution 1 MG Vincasar pfs IV (VIAL)	Vincasar pfs PHARMACIA CORPORATION	\$43.23		\$4.22	\$4.31		
00013-7456-85								
J9370								
102-770	Vincristine 1 MG/ML Solution 1 MG Vincristine sulfate IV (PRES.-FREE S.D.V.)	Vincristine sulfate ABBOTT HOSPITAL PRODUCTS	\$35.77		\$3.09	\$3.15		
00703-4402-11								
J9370								
102-760	Vincristine 1 MG/ML Solution 1 MG Vincristine sulfate IV (S.D.V.,P.F.)	Vincristine sulfate FAULDING PHARMACEUTICAL CO.	\$31.75		\$4.20	\$4.29		
61703-0309-06								
J9370								
102-755	Vincristine 1 MG/ML Solution 2 MG Vincasar pfs IV (VIAL)	Vincasar pfs	---		\$6.85	\$6.99		
00013-7466-86								
102-775	Vincristine 1 MG/ML Solution 2 MG Vincristine sulfate IV (PRES.-FREE S.D.V.)	Vincristine sulfate ABBOTT HOSPITAL PRODUCTS	\$71.54		\$5.61	\$5.72	26 units	
00703-4412-11								
J9375								
102-765	Vincristine 1 MG/ML Solution 2 MG Vincristine sulfate IV (S.D.V.,P.F.)	Vincristine sulfate FAULDING PHARMACEUTICAL CO.	\$38.25		\$6.60	\$6.73	335 units	
61703-0309-16								
J9375								
200-101	Vinorelbine Tartrate 10 MG/ML Solution 10 MG Navelbine IV (S.D.V.)	Navelbine GLAXO SMITHKLINE PHARMACEUTICALS	\$109.80		\$88.78	\$90.59	1381 units	
00173-0656-01								
J9390								
200-105	Vinorelbine Tartrate 10 MG/ML Solution 50 MG Navelbine IV (S.D.V.)	Navelbine GLAXO SMITHKLINE PHARMACEUTICALS	\$549.02		\$443.68	\$452.94	192 units	
00173-0656-44								
J9390								
200-201	Vinorelbine Tartrate 10MG/ML Solution 10 MG IV 1ML	---	---		\$68.60	\$70.00		
00703-4182-01								
200-205	Vinorelbine Tartrate 10MG/ML Solution 50 MG IV 5ML	---	---		\$342.02	\$349.00		
00703-4183-01								
501-164	WinRho 600 IU Powder for solution MCG Winrho sds IV 120MCG (S.D.V.)	Winrho sds NABI	\$142.00		\$70.32	\$71.75		
60492-0021-01								
J2792								
840-300	Zoledronic Acid 4MG Powder for solution 4 MG Zometa IV (VIAL)	Zometa NOVARTIS PHARMACEUTICALS CORPORATION	\$915.47		\$695.30	\$709.49	1307 units	
00078-0350-84								

OS Net 75 Price	OS 2002 Annual Purchases	Net/Net Difference	Comments
	(Purchase Volume x Net 75)	OS - OTN	

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EXHIBIT 49

Reimbursement in Office Based Oncology

Sales Meeting

July 11, 2000

John Akscin



EW

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Reimbursement in Office Based Oncology

OTN

OTN Mission

*"To Be Essential to the Success of
Office Based Oncology"*

OTN

Objectives

- Understand OBO environment
- Provide reimbursement challenges
- Develop "Customer Loyalty"

OTN

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The OBO Profile

- 26 Physicians
 - Board Certified
 - Medical Oncology
 - Hematology
- 268 New Cancer Patients/physician/year
- Gross Revenue \$1.9 M/physician/year
- 55% of New Patients Get ChemoTx

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OBO Revenue

- Highly Medicare Driven
 - Physician services - RBRVS
 - ChemoTx Admin - RBRVS
 - Drugs - AWP
 - Lab - Fee Schedule

OTN

Gross Revenue Mix

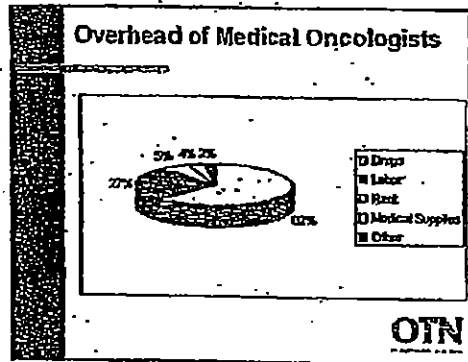
Category	Percentage
Drugs	12%
EM Services	8%
ChemoTx Admin	54%
Lab	26%

OTN

Adjustments to Revenue
<ul style="list-style-type: none">• 33% Contractual Adjustments<ul style="list-style-type: none">- Over 50% Medicare- Over 25% DFFS Managed Care- Medicaid - ?
OTN

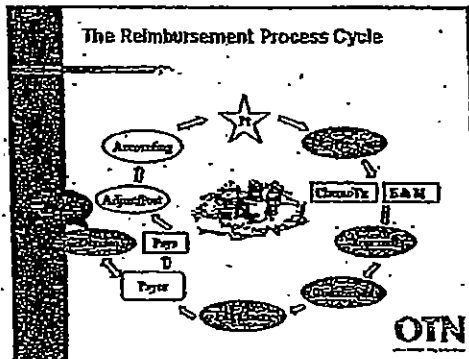
OBO Expense
<ul style="list-style-type: none">• Drugs<ul style="list-style-type: none">- Costs- Inventory carrying costs- Wastage• Medical supplies (non reimbursed)<ul style="list-style-type: none">- Needles- Syringes- IV Tubing
OTN

OBO Expense
<ul style="list-style-type: none">• Salaries• Capital equipment<ul style="list-style-type: none">- Bio-safety hoods- Chairs- IV pumps- Lab• Rent
OTN



- Top Three OBO Concerns**
- Reimbursement, Today
 - Reimbursement, Tomorrow
 - Reimbursement !
- OTN**

- If I could only...**
- Get paid quickly & correctly the 1st time
 - Identify new revenue streams
 - Improve my bottom line
- OTN**



Physician Reimbursement

- Office visits (E & M Coding)
 - Level 1 through 5
 - System developed in 1997
 - Reimbursement rates same for all specialties
- Chemotherapy administration (CPT Coding)
 - Injections & Infusions, (96000 series)
 - Reimbursement rates don't cover costs
 - No reimbursement for medical supplies

OTN

ChemoTx Admin, Medicare

PROCEDURES	CPT	CHARGE	BC-200	COST
CHEMO ADMIN SUBQ	96400	\$12.00	\$5.40	\$6.60
CHEMO ADMIN IV	96400	\$31.30	\$20.00	\$11.30
CHEMO ADMIN IV 15	96410	\$81.50	\$50.41	\$31.09
CHEMO ADMIN IV 30	96412	\$131.50	\$85.40	\$46.10
CHEMO ADMIN PORT RMP	96411	\$71.30	\$42.36	\$28.94
CHEMO ADMIN PORT RMP	96420	\$88.70	\$49.06	\$39.64
REFILL & MAINT RMP	96520	\$48.20	\$25.15	\$23.05

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Physician Reimbursement

- Drug reimbursement
 - Medicare based on 95% of AWP
 - 80% paid by Medicare
 - 20% paid by Patient or other insurance
 - Medicare is 50 - 55% of all cancer patients
 - Generators give 60% of the revenue for OBO's

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Average Wholesale Price

- Two companies determine AWP
 - Blue Book (First Data Bank)
 - Red Book (Micromedex)
- AWP does not represent actual acquisition cost
 - 20 - 25% differential for sole source products
 - Over 50% differential for multisource products

OTN

Drug Reimbursement Today

- Not based on:
 - NDC
 - Vial size
 - Strength
- Is based on
 - J-Code
 - Billing units
 - Diagnosis (ICD-9 code)

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Drug Reimbursement Today

Drug	J-Code	Est Acq	MTC
Taxol 30mg	J-3025	\$140.50	\$172.50
Carbo 50mg	J-3045	\$ 63.95	\$103.84
Leucovorin 50mg	J-3040	\$ 2.25	\$ 28.50
Doxorubicin 10mg	J-3000	\$ 6.50	\$ 34.50
Zelmac 9mg	J-3405	\$ 4.20	\$ 6.00
Kytril 100mg	J-1025	\$ 14.00	\$ 18.50

OTN**What is happening?**

- HCFA is proposing changing the AWP for 50 products to more closely reflect actual acquisition cost
 - 28 oncology products which include doxorubicin, leucovorin, 5-HT3's
 - HCFA provided data to First Data Bank with initial drug cost information
 - Potential effective date - October 1
 - FDB to collect information from wholesalers - OTN is listed first

OTN**Drug Reimbursement October**

Drug	J-Code	Est Acq	New MTC
Taxol 30mg	J-3025	\$140.50	\$172.50
Carbo 50mg	J-3045	\$ 63.95	\$103.84
Leucovorin 50mg	J-3040	\$ 2.25	\$ 28.50
Doxorubicin 10mg	J-3000	\$ 6.50	\$ 34.50
Zelmac 9mg	J-3405	\$ 4.20	\$ 6.00
Kytril 100mg	J-1025	\$ 14.00	\$ 18.50

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Impact per treatment visit

DT	TX	Total charges	Total costs	Old MUC	New MUC
Dolce	LD EFD Loop	\$102.19	\$102.42	\$ 73.50	\$ 83.55
Cole-Rach	RD EFD Loop	\$212.25	\$232.44	\$241.83	\$242.89
Byzac	CMF	\$282.30	\$475.19	\$443.12	\$379.20

OTN**What is happening?**

- No change in reimbursement for office visits will be proposed
- Changes to Chemotherapy administration (CPT codes) reimbursement may be proposed
- Proposed drug changes will most likely extend to all drugs in near future

OTN**What is happening?**

- ASCO, ONS, ACCC all recognize that if changes are not simultaneously made to ChemoTx Admin - medical oncologists cannot cover overhead
- ASCO, ONS and ACCC have instituted letter writing campaigns
- ASCO sent letter to FDB urging them not to distribute pricing from DOJ study

OTN

What is happening?

- US House of Rep's has passed M/C prescription drug bill with amendment to stop and study the effect of reduced drug payments on patients access to care
- Talks are beginning on BBRA-2. Not serious yet, may be best avenue for resolution in September

OTN

What is happening?

- ASCO is meeting with HCFA
 - 7 Data from FDB
 - Impact on OBD
- CAC's are appealing to M/C carriers

OTN

What will ultimately happen?

- ??? Access to cancer care
- Continue to receive press
- Changes in how outpatient cancer care is reimbursed is long overdue and will occur.
- Other insurance companies will follow Medicare's lead.

OTN

...extend and enhance the lives of patients with cancer...

- The most cost effective environment to treat cancer patients is in the outpatient setting.
- The best care for cancer patients is the outpatient setting.
- Fair and adequate reimbursement for providers will assure patient access and development of new therapies

OTN

What is OTN doing?

- To date, we have not provided any information to any outside party
- Keep customers updated on OTN-Online
- Letter to go to customers that inquire
- Route all calls to John Akscin

OTN

Hot Issues

OTN's Mission Statement

OTN's Vision Statement

OTN's Core Values

OTN's Strategic Plan

OTN's Financial Plan

OTN's Marketing Plan

OTN's Human Resources Plan

OTN's Information Technology Plan

OTN's Environmental and Social Responsibility Plan

OTN's Risk Management Plan

OTN's Compliance Plan

OTN's Security Plan

OTN's Disaster Recovery Plan

OTN's Business Continuity Plan

OTN's Crisis Management Plan

OTN's Incident Response Plan

OTN's Business Impact Analysis

OTN's Risk Assessment

OTN's Vulnerability Assessment

OTN's Penetration Testing

OTN's Security Audits

OTN's Security Policies

OTN's Security Procedures

OTN's Security Standards

OTN's Security Framework

OTN's Security Architecture

OTN's Security Controls

OTN's Security Monitoring

OTN's Security Incident Response

OTN's Security Reporting

OTN's Security Training

OTN's Security Awareness

OTN's Security Culture

OTN's Security Governance

OTN's Security Leadership

OTN's Security Accountability

OTN's Security Transparency

OTN's Security Integrity

OTN's Security Confidentiality

OTN's Security Availability

OTN's Security Reliability

OTN's Security Scalability

OTN's Security Flexibility

OTN's Security Resilience

OTN's Security Sustainability

OTN's Security Innovation

OTN's Security Excellence

OTN's Security Success

How Is OTN Essential?	
• Information	
• Simplification	
• Expertise	
• Development	
OTN	

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BMS/AWP/000096643

EXHIBIT 50

Reimbursement

The oncology market is unique among market sectors because of the role the community-based oncologist plays as both the prescriber and purchaser of injectable cytotoxic drugs. It is estimated that 65% of a medical oncologist's revenue is derived from administering chemotherapy. Since these products are primarily purchased and administered in the outpatient setting, or in the hospital outpatient setting, the retail pharmacy sector is less important than in other therapeutic areas. Therefore, drug reimbursement has been a significant source of revenue and profit. Most payors, public and private, reimburse the delivery components as shown below:

Table 2.9: Key Components of Reimbursement

Physician Services	Reimbursement
Administration of the chemotherapy	Reimbursed according to a predetermined payment schedule with a unique line item code; CPT code
Drug	Reimbursed according to a predetermined payment schedule with a unique line item code; CPT code
Supplies	Reimbursed by a predetermined formula based on the Average Wholesale Price (AWP) associated with a unique line item code; J-code, HCPCS code, or NDC
Facility	Reimbursed either by a scheduled payment amount associated with a specific line item code (HCPCS code) or considered to be part of the above Rx administration service
	Is usually considered part of the Rx administration service. It is recognized as included in the "practice expense" portion established as part of the administration codes payment.

Medicare

As the single largest payer for the treatment of colorectal, head and neck, and pancreatic cancers, Medicare will be a critical payer for ERBITUX™. Because Medicare policy decisions often set a precedent for private payers to follow, Medicare is also likely to affect the way private payers reimburse for the drug.

The method by which Medicare sets payment levels for medical services differs between physicians and facilities (e.g., hospitals, nursing homes) and between types of facilities. The method of payment for each provider and site of service that are relevant to ERBITUX™ are described below.

Physician payment

Physicians are reimbursed by Medicare according to a fee schedule, or a list of standardized payment rates for individual medical services. The fee schedule determines payment regardless of where the physician services are provided. In essence, a prospectively defined amount of payment is assigned to each medical service, as defined by the Healthcare Common Procedure Coding System (HCPCS) code.

The HCPCS is a three-level coding system that provides a uniform method for providers and suppliers to report professional services, procedures and supplies. The three levels of the HCPCS system are:

- Level I: Current Procedural Terminology (CPT). CPT codes were developed and are maintained by the American Medical Association, in partnership with CMS. CPT is widely accepted throughout the country for coding of medical procedures. CPT codes are five-digit numeric codes with descriptive terms that are used for reporting services performed by physicians and other health care practitioners. Services represented in the CPT are organized into six major groups: (1) evaluation and management (office visits), (2) anesthesiology, (3) surgery, (4) radiology, (5) pathology, and (6) laboratory.
- Level II: HCPCS / National Codes. Because the CPT codes are not comprehensive, CMS developed an additional set of national codes to report medical services and supplies not included in the CPT. For example, all pharmaceuticals are assigned Level II HCPCS codes. Level II codes are required for reporting most medical services and supplies provided to Medicare and Medicaid patients, and private insurance carriers increasingly require the use of HCPCS / national codes. HCPCS Level II codes begin with an alpha character (A through V) followed by four numeric digits.
- Level III: Local Codes. The third level of HCPCS codes includes codes assigned and maintained by individual Medicare carriers. Individual carriers use these codes to describe new procedures that are not yet available in Levels I or II. Carriers introduce Level

III codes throughout the year and notify physicians and suppliers when these local codes are required. They begin with an alpha character (W through Z) followed by four numeric digits.

Services and procedures

Each HCPCS code is assigned a level of payment according to the resource-based relative value scale (RBRVS), a prospective payment system (PPS) developed by researchers at Harvard in 1989 and implemented by CMS under congressional mandate in 1992. The RBRVS ranks medical services (as defined by HCPCS) according to the relative costs of resources required to provide them. The value of each service is ranked relative to other services and adjustments are made for geographic variation.

The RBRVS payment system assigns three values to each procedure code, which when summed and multiplied by a dollar conversion factor and a geographical adjustment factor, represent the Medicare payment amount for the procedure. The three relative value units (RVUs) assigned to each procedure code include the following:

- Work RVU. The physician work RVU is based on the amount of work required to perform procedures as calculated in the Harvard RBRVS study. Physician work accounts for more than half of a physician's Medicare reimbursement for a service.
- Practice Expense (PE) RVU. Practice expenses consist of all non-physician resources used by the physician to provide services, including rent, equipment, supplies, non-physician-labor (e.g., nurses and clerical staff), and other expenses. A site of service differential is applied to the PE RVUs of procedure codes furnished outside of the physician's office (i.e., payments are reduced for out-of-office services).
- Malpractice (PLI) RVU. Malpractice accounts for the smallest portion of Medicare reimbursement for physician services, approximately five percent.

Each of the three RVUs is multiplied by a geographic practice cost index (GPCI), summed, and multiplied by a dollar conversion factor (CF) to calculate total payment.

Typically, providers bill for the office visit or administration, but not both in the same visit. However, providers can bill for the office visit in conjunction with chemotherapy administration. Supplies (e.g., syringes, IV kits) are included in Medicare's reimbursement for the office visit or administration.

Drugs

Medicare reimbursement of drugs is set by statute. The reimbursement allowable is 95% of the average wholesale price (AWP). Medicare reimburses 80% of this allowable, and the patient or secondary insurance is responsible for the remaining 20%.

It must be pointed out that payment for chemotherapeutic agents has traditionally been a revenue center for oncologists. For covered products, Medicare reimbursement is much higher than the actual acquisition cost to providers. Some manufacturers have exploited the situation by increasing the "spread" between the acquisition cost and the AWP, in order to provide a monetary incentive for physicians to use their product.

Medicare is well aware that they are overpaying for these drugs, but is unable to reduce payments because the level of payment (i.e., 95% of AWP) is set by Congress. There have been recent efforts to reduce Medicare payments on certain drugs. Three agencies have investigated Medicare drug pricing:

- Department of Justice (DoJ);
- House Committee on Commerce; and
- Office of Inspector General (OIG) for Health and Human Services (HHS).

CMS initiated steps to reduce Medicare payment by invoking "inherent reasonableness" to reduce payments that were deemed excessive and by trying to reset the AWP's for some high-profile drugs. Congress requested that the General Accounting Office (GAO) investigate Medicare drug reimbursements according to the Medicare, Medicaid, SCHIP Benefits Improvement and Protection Act (BIPA) of 2000. In September 2001, GAO concluded that drug payment based on AWP's is flawed and that CMS should work to use pricing data based on market transactions, which would be reflective of more accurate prices. There was no AWP legislation in 2001 (although we can expect an early start on this issue in 2002). CMS also realizes that payments for physician services are inadequate and that a change in drug payments cannot happen without a corresponding change in physician services. The objective is

to have more accurate pricing for both chemotherapy drugs and chemotherapy administration in place at the same time. Of the three committees in the House and Senate with jurisdiction over this issue, only one has reached the point of drafting legislative language.

Oral Chemotherapy Drugs

Many believe that passage by Congress of a Medicare Outpatient Prescription Drug Benefit Plan and oral drug legislation entitled Access to Cancer Therapies Act will be difficult. However, the Association of Community Cancer Centers (ACCC) stated that some provisions may be addressed in the Omnibus Budget Reconciliation bill. At some point, an oral drug benefit for Medicare is likely given the following: numerous oral drugs are currently being studied in clinical trials, coverage is being offered by some private insurers, and pharmaceutical companies and industry are marching forward regardless of whether Medicare provides coverage.

In preparation for upcoming action on oral drug legislation, ACCC submitted to federal policymakers its study on "Oral Oncology Products: Barriers to Successful Adoption" of office-based practices that prescribe or dispense oral drugs. The data included more than 100 patients treated with oral drugs.

The study found that in recruiting study participants, the existing profiles of oral drug use may be unrealistic. Also, while some patients enjoy the convenience of oral drugs, others enjoy the support of regular contact with healthcare professionals. With regard to insurance and oral agents, the study found that insurers reportedly engaged in typical "hassle factor" behavior when it came to oral products. While three Durable Medical Equipment Regional Carriers (DMERCs) required paper claims but processed claims within 30 days, private insurers required extensive documentation on medical necessity, which took 30 days just for documentation tasks.

It was pointed out three steps need to occur to overcome barriers to use oral agents. These steps are: 1) increase the number of dispensing practices, 2) demonstrate that the relative "hassle" is not greater for oral products than for new IVs, and 3) provide an easy way of setting up a DMERC number and a reimbursement plan for offices to make the orals succeed.

Although not a finding reported in this study, the activities surrounding reimbursement for drugs and administration will weigh heavily on the prescribing behavior of physicians.

Facility payment – Hospital Inpatient

Section 1886(d) of the Social Security Act sets forth a system of payment for the operating costs of acute care hospital stays under Medicare Part A. This system, implemented in October 1983, is known as the hospital inpatient prospective payment system (PPS). The hospital inpatient PPS reimburses for medical services based on a rate per discharge payment that varies according to the diagnosis related group (DRG) to which the Medicare beneficiary's stay is assigned. DRGs are a series of 499 groups of related diagnoses and procedures, to which all-inclusive payment amounts are prospectively set. Cases are classified under the PPS based on the principal diagnosis, up to eight additional diagnoses, up to six procedures performed during the stay, age, sex and discharge status. The hospital payment is then determined by multiplying the relative weight associated with the DRG by the national average standardized amount (adjusted for other hospital characteristics such as geographic wage index, teaching status and percentage of low-income patients). Since this implementation, the pace of innovation in medical technology (i.e., drugs and devices) had been rapid and often expensive. On December 21, 2000, Congress passed the Benefits Improvement and Protection Act (BIPA) of 2000, requiring the establishment of a mechanism to recognize these new technologies.

On September 7, 2001, the Centers for Medicare and Medicaid Service (CMS) published in the *Federal Register* its final rule regarding special payments for new medical services and new technologies (collectively referred to as "new technologies") under the hospital inpatient PPS. Requests for consideration and evidence that the new technology meet the criteria for special payment must be submitted to CMS by the beginning of December 2001 in order to be considered for 2003.

A federal panel, comprised of CMS clinical staff, supplemented with CMS coding and claims processing experts, and including external expertise when necessary, will evaluate whether the new technology meets these criteria. The results of the panel's

determination will be published in the Federal Register as part of its annual update to the hospital inpatient PPS. The special request must be submitted no later than early October of each year.

CMS will verify submitted data against Medicare Provider Analysis and Review (MedPAR) data. In the case of external data (non-MedPAR data), a significant sample of the data must be submitted prior to August 1 to allow CMS to assess the feasibility of using the data. The data must also demonstrate patient-specific cases. CMS suggests that any party interested in submitting external data should contact CMS prior to submission in order to determine the adequacy of the data. The requester for the special payment of a new technology under the hospital inpatient PPS must demonstrate the following:

- The technology must be considered new. A medical service or technology may be considered new within two or three years after it becomes available on the market and the ICD-9-CM code becomes effective. Technology will no longer be considered new after the point at which data begins to become available reflecting the code assigned to the technology by the ICD-9-CM Coordination and Maintenance Committee. Technology will also not be considered new once CMS has recalibrated the DRGs based on available data to reflect the costs of the otherwise new technology. Subsequent new technologies that are substantially similar to a currently approved (for special payment) technology should be eligible for special payment. An applicant must still submit data that demonstrates that the technology would be inadequately paid under the DRG system.
- The new technology must be an advance in medical technology that substantially improves, relative to technologies previously available, the diagnosis or treatment of Medicare beneficiaries, and must demonstrate one or more of the following criteria:
 - The drug or device offers a treatment option for a patient population unresponsive to, or ineligible for, currently available treatments;
 - The drug or device offers the ability to diagnose a medical condition in a patient population where that medical condition is currently undetectable or offers the ability to diagnose a medical condition earlier in a patient population than allowed by currently available methods (there must also be evidence that use of the drug or device to make a diagnosis affects the management of the patient); and/or

- Use of the drug or device significantly improves clinical outcomes for a patient population as compared to currently available treatments. Some examples of outcomes that are frequently evaluated in studies of medical devices are the following:
 - Reduced mortality rate with use of the drug or device;
 - Reduced rate of drug- or device-related complications;
 - Decreased rate of subsequent diagnostic or therapeutic interventions (for example, due to reduced rate of recurrence of the disease process);
 - Decreased number of future hospitalizations or physician visits;
 - More rapid beneficial resolution of the disease process treatment because of the use of the drug or device;
 - Decreased pain, bleeding, or other quantifiable symptom; and
 - Reduced recovery time.
- The new technology must also be demonstrated to be otherwise inadequately paid under the DRG system to receive special payment. CMS will determine whether the DRG payment would be adequate by establishing a threshold amount set at one standard deviation beyond the geometric mean standardized charge for all cases in the DRG to which the new technology is assigned.

Exception for cancer hospitals

- Certain types of hospitals are excluded from the PPS for hospital inpatient reimbursement. Such hospitals include psychiatric, rehabilitation, children's, long-term care, and cancer hospitals. For a cancer hospital to be excluded from the PPS, it must:
- Have been recognized as a comprehensive cancer center or clinical cancer research center by the National Cancer Institute as of April 20, 1983;
 - Demonstrate that the entire facility is organized primarily for the treatment of and research on cancer (i.e., the facility is not a subunit of an acute general hospital or university-based medical center); and
 - Show that at least 50% of its total discharges have a principal diagnosis that reflects a finding of neoplastic disease.

There are ten cancer hospitals excluded from the PPS system. They are:

- American Oncologic Hospital (Fox Chase), Philadelphia, PA
- Arthur G. James Cancer Hospital and Research Institute, Columbus, OH
- City of Hope National Medical Center, Los Angeles, CA
- Dana-Farber Cancer Institute, Boston, MA
- Fred Hutchinson Cancer Research Center, Seattle, WA
- Memorial Hospital for Cancer and Allied Disease, New York, NY
- Roswell Park Memorial Institute, Buffalo, NY
- University of Miami Hospital and Clinics, Miami, FL
- USC Kenneth Norris Jr. Cancer Hospital, Los Angeles, CA
- University of Texas M. D. Anderson Cancer Center, Houston, TX

These hospitals are reimbursed under the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982. TEFRA facilities are paid on the basis of Medicare reasonable costs per case, limited by a hospital specific target amount per discharge. Each hospital has a separate payment limit or target amount that was calculated based on the hospital's cost per discharge in a base year. The base year target amount is adjusted annually by an update factor.

Hospitals whose costs are below their target amount are entitled to bonus payments equal to half of the difference between costs and the target amount, up to a maximum of five percent of the target amount. Medicare also makes additional payments to hospitals whose costs exceed their target amounts. For these hospitals, Medicare pays bonus payments equal to half of the amount by which the

hospital's costs exceed the target amount up to 10% of the target amount. Hospitals that experience significant increase in patient acuity may also apply for additional Medicare exceptions payments.

Facility payment – Hospital Outpatient

Currently, hospitals are reimbursed for outpatient services based on a new prospective payment system. Section 4523 of the Balanced Budget Act (BBA) of 1997 provided for the implementation of a PPS for most hospitals for outpatient services furnished on or after January 1, 1999. However, due to Year 2000 system concerns and strong opposition to CMS' proposed implementation plan, the new PPS was finally implemented on August 1, 2000. The ten PPS-exempt cancer hospitals are protected from financial losses under the hospital outpatient prospective payment system (OPPS).

The new system is based on ambulatory payment classifications (APCs), which assigns HCPCS codes to payment groups to account for the amount and type of resources used in the ambulatory setting. In principal, APCs are similar to DRGs (except that APCs are based on CPT-4/HCPCS codes rather than ICD-9-CM codes). Like DRGs, all procedures within a given APC are reimbursed at the same level and hospitals know prospectively what the reimbursement level is for a given procedure. Payment for the APC covers the total cost of performing a procedure/visit (i.e., it includes the wage-standardized operating and capital costs, as well as bundled ancillary costs such as drugs, operating room time, medical/surgical supplies, anesthesia, recovery room time, etc.).

Manufacturers can apply for pass-through status for new drugs and cancer drugs, which would then be reimbursed at 95% of average wholesale price (AWP) in addition to the administration procedure. Congress required Medicare to make transitional pass-through payments temporarily to help pay for new technologies while CMS incorporated their costs into the base payment rate. A cap of 2.5 percent of total outpatient prospective payment system (PPS) payments was set aside for pass-throughs. If CMS thought the cap would be exceeded, it was required to make an across-the-board reduction in the extra payments. The 2.5 percent pass-through payment pool should have amounted to about \$440 million in 2001, based on overall outpatient Medicare spending of \$17.5 billion; but actual spending on pass-throughs was \$2.3 billion in the first year of the prospective payment system alone, requiring significant cuts in

pass-through rates to maintain the 2.5 percent cap. As CMS stated in the final rule published on November 2, 2001, passthrough payments will be subject to a substantial pro rata reduction of 68.9%. CMS is basing its pro rata reduction on projections of passthrough payments, not on actual claims data reflecting passthrough experience since PPS was implemented on August 1, 2000.

CMS will delay implementation of 2002 APC rates and pass-through payment cuts for three months after discovering the OPPS final rule for 2002 contained technical errors. CMS chose to delay implementation of portions of the final rule until a review of the data could be completed. CMS will publish a final rule containing the revised rates by April 1, 2002. The delay keeps in place pass-through new technology payment rates, which are scheduled to be cut in 2002. This allows outpatient facilities three months of reimbursement at 95 percent of AWP. However, the reduction in the amount of money available for pass-through payments could place a burden of the system as new drugs become available.

Benchmarking

For benchmarking purposes the product used in combination with ERBITUXTM was reviewed as well as three monoclonal antibodies: Campiosar[®] (irinotecan), Rituxan[®] (rituximab), Herceptin[®] (trastuzumab) and Campath[®] (alemtuzumab). There is no national coverage policy for Campiosar, Herceptin, Rituxan, or Campath, therefore a review of coverage policies at the local Part B carrier level was performed. Specifically, 11 carriers covering 18 states that publish local medial review policies (LMRPs) were surveyed. LMRPs were surveyed for the following drugs: Campiosar, Herceptin, Rituxan, and Campath. Fewer than half of the carriers surveyed have existing policies for all four of these products. However, many of the large carriers have specific coverage policies for at least some of these products. These policies are similar in terms of covered indications, restrictions, etc.

Coverage for Drugs

Generally, drugs and biologicals are covered only if all of the following requirements are met¹:

¹ Medicare Carriers Manual (MCM) 2049.

- They meet the definition of drugs or biologicals;
- They are of the type that cannot be self-administered;
- They meet all the general requirements for coverage of items as incident to a physician's services;
- They are reasonable and necessary for the diagnosis or treatment of the illness or injury for which they are administered according to accepted standards of medical practice;
- They are not excluded as immunizations; and
- They have not been determined by the FDA to be less than effective.

Drugs that can be self-administered, such as those in tablet/capsule form, or are used for self-injection, are generally not covered by Part B. However, the statute provides for the coverage of some self-administered drugs. Examples of self-administered drugs that are covered include blood-clotting factors, drugs used in immunosuppressive therapy, erythropoietin for dialysis patients, osteoporosis drugs for certain homebound patients, certain oral cancer drugs, and oral anti-nausea drugs when used in certain situations.

Effective January 1, 1994, Medicare Part B coverage was extended to include oral anti-cancer drugs that are prescribed as anti-cancer chemotherapeutic agents, providing they have the same active ingredients and are used for the same indications as anti-cancer chemotherapeutic agents which would be covered if they were not self-administered and they were furnished incident to a physician's service as drugs and biologicals.

This provision applies only to the coverage of anti-neoplastic chemotherapeutic agents. It does not apply to oral drugs and/or biologicals used to treat toxicity or side effects such as nausea or bone marrow depression. Medicare will cover anti-neoplastic chemotherapeutic agents, the primary drugs that directly fight the cancer, and self-administered anti-emetics that are necessary for the administration and absorption of the anti-neoplastic chemotherapeutic agents when a high likelihood of vomiting exists. Oral drugs prescribed for use with the primary drug that enhance the anti-neoplastic effect of the primary drug or permit the patient to tolerate the primary anti-neoplastic drug in higher doses for longer periods are not covered. Self-administered anti-emetics to reduce the side effects of nausea and vomiting brought on by the primary drug are not included beyond the administration necessary to achieve drug absorption.

For an oral anti-cancer drug to be covered under Part B, it must:

- Be a drug or biological that has been approved by the Food and Drug Administration
- Have the same active ingredients as a non-self-administrable anti-cancer chemotherapeutic drug or biological that is covered when furnished incident to a physician's service (i.e., the oral anti-cancer drug and the non-self-administrable drug must have the same chemical/generic name as indicated by an authoritative drug compendium), or, effective January 1, 1999, be a prodrug (i.e., an oral drug ingested into the body that metabolizes into the same active ingredient that is found in the non-self-administrable form of the drug).
- Be used for the same indications, including unlabeled uses, as the non-self-administrable version of the drug; and
- Be reasonable and necessary for the individual patient.

Coverage for Camptosar

Accelerated approval is a regulatory mechanism that allows early approval for a product for the treatment of a life-threatening disease for which no acceptable alternative treatments exist. It is based on markers of effectiveness (i.e., shrinkage of tumor) rather than documented beneficial effect on patients (i.e., improved survival). There is a requirement, however, that after approval, more definitive data will be available that demonstrates a favorable effect(s) on clinical endpoints (approval may be withdrawn if not demonstrated). Accelerated approval can give patients earlier access to cancer therapies which, based on effects, are very likely to lead to true clinical benefits.

On June 13, 1996 (approximately six months after filing), the FDA's Oncology Drugs Advisory Committee unanimously recommended that Camptosar be approved under the accelerated approval regulations. Camptosar's approval was based on three open-label phase II studies in patients with metastatic colorectal cancer that recurred or progressed following 5-FU based chemotherapy. Results showed that the drug reduced tumor size in about 13% of patients for an average of six months.

Originally, Camptosar was only approved for use in treatment of patients with metastatic colorectal cancer after failure of first-line (5-FU) chemotherapy. Later, however, Camptosar received FDA approval for first-line therapy for the treatment of patients with metastatic colorectal cancer in combination with 5-fluorouracil/leucovorin. In addition, several carriers cover off-labeled indications, including use for small cell lung carcinoma (SCLC) and cervical cancer; others also cover use for esophageal cancer and gastric cancer.

Most carriers require documentation of the patient's metastatic carcinoma of colon or rectum, or justification for off-label use (i.e., for SCLC or cervical cancer) such as failure on previous chemotherapy. ICD-9 codes that support medical necessity generally include:

- 153.0-153.9 (Malignant neoplasm of colon); and
- 154.0-154.8 (Malignant neoplasm of rectum, rectosigmoid junction, and anus).

ICD-9 codes that support off-labeled indications generally include:

- 162.2-162.9 (Malignant neoplasm of bronchus and lung); and
- 180.0-180.9 (Malignant neoplasm of the cervix or uterus).

There are two standard dosing schedules:

- Weekly (recommended starting dose in adults is 125 mg/m² once a week for four weeks, followed by a two-week rest period); and
- Once every three weeks (recommended starting dose in adults is 350 mg/m² once every three weeks).

Doses exceeding the recommended amounts may be reviewed for medical necessity, and additional courses of treatment may be repeated every six weeks. For both schedules, treatment with additional courses may be continued as long as there is continuous response, stability is maintained, and/or therapy can be tolerated. All doses should be administered as an IV infusion over 90 minutes.

Coverage for Herceptin

Herceptin is generally covered for patients with metastatic breast cancer who have a:

- 2+ or 3+ positive HER2 test and have received one or more chemotherapy regimens for their metastatic disease; or
- 2+ or 3+ positive HER2 test and in combination with paclitaxel and have not received chemotherapy for their metastatic disease.

Herceptin is frequently not covered if used in an off-label fashion, such as for patients with metastatic breast cancer who do not have a 2+ or 3+ positive HER2 test. Most carriers require documentation of previous chemotherapy regimens, areas of current metastases, and results of the HER2 test (i.e., positive 2+ or 3+).

The recommended initial loading dose is 4 mg/kg infused over 90 minutes; subsequent doses may be infused over 30 minutes.

Herceptin is not to be administered as an intravenous push or bolus.

ICD-9 codes that support medical necessity generally include:

- 174.0-174.9 (Malignant neoplasm of female breast); and
- 175.0-175.9 (Malignant neoplasm of male breast).

Coverage for Rituxan

All of the medical policies reviewed cover use of Rituxan for patients who meet all three of the following criteria:

- Have had previous treatment with cancer chemotherapeutic agents for this disease;
- Have relapsed or refractory low-grade or follicular CD20+, B-cell non-Hodgkins lymphoma; and
- CD20+ marker must be present by appropriate testing.

All policies state that Rituxan should not be used for first-line treatment. In most policies, repeat treatment after six months is presumed reasonable and necessary based on the patient's response to the original treatment. Off-label use can be covered if supported by appropriate documentation.

The medical chart of patients being treated with Rituxan must provide documentation necessary to establish need. For instance, providers are often required to retain documentation on file that shows evidence of the CD20+ marker.

ICD-9 codes that support medical necessity generally include:

- 200.00-200.88 (Lymphosarcoma and reticulosarcoma); and
- 202.00-202.88 (Other malignant neoplasms of lymphoid and histiocytic tissue).

Coverage for Campath

Campath is indicated for the treatment of B-cell chronic lymphocytic leukemia (B-CLL) in patients who have been treated with alkylating agents and who failed fludarabine therapy. Campath was recently approved by the FDA (May 7, 2001); therefore, carriers surveyed have not yet published coverage policies.

According to Berlex Oncology, maker of Campath, the appropriate ICD-9 code is:

- 201.40 (Chronic lymphocytic leukemia, without mention of remission).

Potential Coverage for ERBITUX™

To supplement the findings of this secondary research, one CMS Central Office staff member and one Medicare carrier medical director (CMD) were interviewed. According to the CMS Central Office, they currently have no plans to move forward with a

national policy for this class of drugs (i.e., monoclonal antibodies). Specifically for Herceptin, CMS has received a number of letters from carriers requesting further guidance and direction on HER2 testing requirements; however, local carriers have the discretion to set policy, as appropriate, and there are often differences as to how they interpret CMS' rules. Thus, carriers will be the critical decision-makers for Medicare.

According to the CMD interviewed, all FDA-approved cancer therapies will be covered as long as they are considered medically necessary for the tumor type. Off-label usage must be supported appropriately, as outlined in Medicare's off-label policy. Beyond compendia, which may not be up-to-date, carriers often review current literature and phase II trials for approval of off-label uses. Although an off-label use may not be globally approved by the carrier, it may be approved on a case-by-case basis according to community standards.

Medicare covers Herceptin, Rituxan, and Campath for labeled indications. In general, Herceptin and Rituxan require HER2 and CD20 testing, respectively. The CMD indicated that testing requirements are not necessarily micromanaged, but there is the possibility that physicians may be audited if such retrospective review is warranted. If EGFR testing is part of the labeled indication for ERBITUX™, it is inherently understood that testing is required; Medicare would consider the use of either of these drugs in the absence of testing as being off-label.

Medicare also has a wastage policy. If a drug comes as a single-use vial and a portion of the drug must be discarded for some reason, Medicare will pay for the entire vial. The CMD would hope that most patients do not experience an anaphylactic reaction to ERBITUX™, and that the manufacturer comes out with vial sizes that minimize wastage.

The CMD viewed ERBITUX™ as a promising concomitant agent, and would likely approve ERBITUX™ for concomitant use. The carrier often micromanages therapy to first- or second-line use. The respondent stated that "if it works very well second-line, it moves to first-line pretty quickly," however, documentation would be required to support this use. Potential advantages of ERBITUX™

include its side effect profile and novel mechanism of action; however, data must show statistically significant clinical outcomes (e.g., complete or partial response, combination therapy versus monotherapy). The respondent stated that demonstrating stable disease is not enough.

Medicare Coding and Payment

Potentially Relevant Physician Office Codes for ERBITUX™

Exhibit 7. Coding and Payment for Relevant Drugs

HCPCS	Description	AWP ²	Allowable	Medicare ³ Payment ⁴	Co-Payment
J9206	Inotecan, 20 mg (Campicor)	\$282.64	\$268.51	\$214.81	\$53.70
J9310	Rituximab, 10 mg (Rituxan)	\$478.47	\$454.55	\$363.64	\$90.91
J9355	Trastuzumab, 10 mg (Herceptin)	\$2,446.90	\$2,324.56	\$1,859.64	\$464.91
J9999 ⁴	Alimuzumab, 10 mg (Campath)	\$4,612.50	\$4,381.88	\$3,505.50	\$876.38

Providers may bill for both the office visit and chemotherapy administration. When ERBITUX™ becomes commercially available, a miscellaneous J code (J9999) will be used. When billing for administration, providers should use CPT code 96410 for the initial hour of infusion. When the infusion lasts for more than one hour, CPT code 96412 should be listed separately in addition to 96410. When billing for the office visit, reimbursement depends on:

- New patient versus established patient; and

² Source of AWP is the *Red Book Update, September 2001*.

³ Medicare payment is 80% of the allowable; co-payment is the remaining 20%, for which the patient or secondary insurance is responsible.

⁴ J9999 is a miscellaneous code (not otherwise classified, antineoplastic drug); use this code for Campath until a unique HCPCS code has been assigned.

- Level of evaluation and management (E&M).

Exhibit 8. Coding and Payment for Relevant Procedures

CPT	Description	2001 National Average ⁵	Allowable	Medicare Payment	Co-Payment
96410	Chemotherapy administration, intravenous, infusion technique, up to one hour	\$61.60	\$49.28	\$39.42	\$9.86
96412	Chemotherapy administration, intravenous, infusion technique, one to eight hours, each additional	\$45.91	\$36.73	\$29.38	\$7.35
99201	Office or other outpatient visit, new patient, Level 1	\$35.58	\$33.80	\$27.04	\$6.76
99202	Office or other outpatient visit, new patient, Level 2	\$63.89	\$60.70	\$48.56	\$12.14
99203	Office or other outpatient visit, new patient, Level 3	\$95.65	\$90.87	\$72.70	\$18.17
99204	Office or other outpatient visit, new patient, Level 4	\$137.73	\$130.84	\$104.67	\$26.17
99205	Office or other outpatient visit, new patient, Level 5	\$174.46	\$165.74	\$132.59	\$33.15
99211	Office or other outpatient visit, established patient, Level 1	\$21.04	\$19.99	\$15.99	\$4.00
99212	Office or other outpatient visit, established patient, Level 2	\$37.49	\$35.62	\$28.50	\$7.12
99213	Office or other outpatient visit, established patient, Level 3	\$52.41	\$102.20	\$81.76	\$20.44
99214	Office or other outpatient visit, established patient, Level 4	\$82.64	\$78.51	\$62.81	\$15.70
99215	Office or other outpatient visit,	\$120.90	\$114.86	\$91.89	\$22.97

⁵ Source of national averages is the 2001 physician fee schedule; payment amounts vary by geographic location.

88342 ⁶	established patient, Level 5 Immunocytochemistry (including tissue immunoperoxidase), each antibody	\$84.55	\$80.32	\$64.26	\$16.06
88365 ⁷	Tissue in situ hybridization, interpretation and report	\$98.71	\$93.77	\$75.02	\$18.75

Potentially Relevant Hospital Inpatient Codes for ERBITUX™

Exhibit 9. Relevant DRG Codes and Payment

DRG	Description	2001 National Average ⁸
172	Digestive Malignancy with CC	\$5,655.61
203	Malignancy of Hepatobiliary System or Pancreas	\$5,557.05
64	Ear, Nose, Mouth and Throat Malignancy	\$5,153.59

Potentially Relevant Hospital Outpatient Codes for ERBITUX™

Exhibit 10. Relevant APC Codes and Payment

CPT/HCPCS	Description	APC	Payment Rate (effective July 1, 2001)
J9206	Trinotecan injection	830	\$125.47
J9310	Rituximab cancer treatment	849	\$454.55
J9355	Trastuzumab	1613	\$52.83
C9110 ⁹	Alentuzumab, per 10 mg/ml	9110	\$486.88

⁶ Suggested code to use when submitting claims for HER2 testing, specifically immunocytochemistry (HercepTest, manufactured by DAKO).

⁷ Suggested code to use when submitting claims for HER2 testing, specifically fluorescence in situ hybridization (FISH). FISH technology uses DNA probes to detect the number of copies of the HER2/neu gene, and may be used for confirmation when an immunocytochemistry is 2+; however, FISH assays have not been validated by all payers for use in the selection of candidates for Herceptin therapy.

⁸ Calculated with an average hospital Medicare base rate of \$4,194; each hospital's base rate and corresponding payment will vary.

C0084	Chemotherapy administration by infusion only	117	\$92.45 ⁹
88342	Immunocytochemistry	344	\$39.69
88365	Tissue hybridization	344	\$39.69

Medicare Coverage for Off-Label Use

Coverage policies for off-label use of anti-cancer drugs are set at the national level by CMS, not the local carrier level. According to the requirements set forth in the Medicare Carriers Manual (MCM 2049.4.C), a carrier must first determine if the use of the drug for the off-label indication is supported by one of the following drug compendia, and its use is not listed as "not indicated:"

- American Hospital Formulary Service Drug Information (AHFS DI)
- United States Pharmacopoeia Drug Information (USP DI)

If an off-label use is not supported by one of these drug compendia, the carrier must then determine if the use is supported by clinical research that appears in the peer-reviewed medical literature. This does not include in-house publications of pharmaceutical manufacturing companies or abstracts (including meeting abstracts). Rather, the publication should appear in one of the following peer-reviewed journals:

- American Journal of Medicine
- Annals of Internal Medicine
- The Journal of the American Medical Association
- Journal of Clinical Oncology
- Blood
- Journal of the National Cancer Institute

⁹ Campaign was recently assigned a temporary C-code and is eligible for pass-through payment; payment rate effective October 1, 2001 (CMS Program Memorandum A-01-107).

¹⁰ Payment rate effective April 1, 2001.

- The New England Journal of Medicine
- British Journal of Cancer
- British Journal of Hematology
- British Medical Journal
- Cancer
- Drugs
- European Journal of Cancer
- Lancet
- Leukemia

The carrier must then evaluate the quality of the evidence in the literature by considering:

- The adequacy of the number of subjects and the response rate relative to the prevalence and life history of the disease. For example, while a 20% response rate may be adequate for highly prevalent disease states, a lower rate may be adequate for rare diseases or highly unresponsive conditions.
- The effect on the patient's well-being and other responses to therapy that indicate effectiveness (e.g., a significant increase in survival rate or life expectancy or an objective and significant decrease in the size of the tumor or a reduction in symptoms related to the tumor). Stabilization is not considered a response to therapy.
- The appropriateness of the study design. In particular, the carrier would consider whether the experimental design is appropriate to address the investigative question. For example, in some clinical studies, it may be unnecessary or not feasible to use randomized, blinded trials or placebo controlled designs. Although a randomized design is generally preferred, nonrandomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs. Case reports, however, are generally viewed as uncontrolled anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.

In order to determine how Medicare carriers are interpreting or implementing this national policy, an examination of written policies from the carrier Web sites was performed. Most of the carriers require that the peer-reviewed literature consist of:

- A Phase III clinical trial that definitively demonstrates safety and effectiveness; or
- If no Phase III trial evidence is available, "several" or "at least two" Phase II clinical trials are required, with reasonably large patient samples showing consistent results of safety and efficacy. Some of the carriers require that the trials be from different centers. Single agent studies are now required and should be included in the clinical plan.

In general, "promising effectiveness" in Phase I clinical studies or a single Phase II study will not be considered sufficient supportive evidence for off-label coverage. Finally, most carriers make it the responsibility of the requestor of off-label coverage (i.e., the physician) to provide the information from the compendia and/or peer-reviewed literature. In addition to the literature, justification for off-label use must also be documented in the patient's medical record.

Most payors, public and private, reimburse the delivery components as shown below:

Medicaid

The large spreads often seen for multiple source drugs do not have the same effect in the Medicaid program as they do in the Medicare program even though both programs base reimbursement on AWP. That is because Medicaid reimbursement is subject to federal upper limits that, in general, cap payments at 150 percent of the lowest published price in the case of multiple source drugs, i.e., generics (42 C.F.R. § 447.332). Although the mechanism is imperfect, the federal upper limits tend to substantially reduce payment amounts when the spread between AWP and actual prices is large.

Federal / Veteran's Administration

The VA health care system has 173 medical centers located throughout the United States. In addition, there are more than 391 outpatient, community, and outreach clinics. The VA's medical system is organized into 22 integrated networks of care (VISN).

Cancer is the second leading cause of death among veterans. It is estimated that 170,000 cancer patients are treated through the VA system (50,000 new cases annually). The course of the disease is often protracted, and treatments are quite demanding on resources. This demand will increase as the population of veterans advances in age. To address this situation the VA has developed a National Cancer Strategy that includes the formation of 42 Designated Comprehensive Cancer Centers. In addition, each VISN has identified one individual as the cancer liaison. As part of the National Cancer Strategy, the VA and NCI have agreed to partner on a number of research protocols.

In October 1996, Congress passed the Veteran's Health Care Eligibility Reform Act of 1996, which paved the way for the creation of a Uniform Benefits Package. This is provided to all enrolled veterans and provides coverage for hospital care and outpatient care services that are defined as "needed." Chemotherapy is considered a covered service. However, there is a 20% co-payment for outpatient visits and a \$2 charge for each 30 day or less supply of medication provided on an outpatient basis.

To facilitate usage of ERBITUX, it will be important to gain formulary approval. Although non-formulary drugs can be prescribed, pharmacists within the VA are resistant to approve non-formulary requests. The best scenario is to have ERBITUX available through the national formulary. Neither Rituxan nor Herceptin are on the national formulary. However, other agents such as paclitaxel, gemcitabine and irinotecan are included. In addition to the national formulary each VISN and each institution has its own formulary. The formulary process through the VA is quite lengthy and can take in excess of six months before a review takes place. Until that time, prescribing physicians will have to complete a non-formulary request and likely battle the roadblocks set forth by pharmacy.

Private Payers

The primary private payers are Managed Care Organizations (MCOs) and indemnity plans with some cash payers.

Managed Care Organizations:

It's estimated that by 2005, at least 30% of U.S. cancer care will be delivered by managed care providers. Most managed care plans contract with local oncology practices to provide care to members on a discounted fee-for-service basis. As with other cancer therapies, the decision to use ERBITUX will be made by the treating oncologist. In most cases, these practices are not at risk for the cost of drugs used.

While MCOs are interested in controlling the rising costs of cancer care, there does not seem to be a significant increase in trying to use risk-sharing or capitation agreements to shift the financial burden for drugs to the oncologist. The major attempt to control drug costs involves denying payment for chemotherapy drugs used off-label. The impact of this was greatly reduced following the passage of the Rockefeller-Levin law in 1993. This law mandates for Medicare providers that a drug must be paid for if the drug is used in a medically accepted manner. This is defined as a use supported by peer-reviewed published clinical trials results or a use that is recognized in one of the drug compendia. As a consequence, the MCO will probably require prior authorization for therapy and evidence that the patient expresses EGFR as a means of limiting its use.

There are 20 identified MCOs that cover the majority of cancer patients:

Aetna/US Healthcare	Keystone Health Plan East
United Healthcare	Coventry
Pacificare	Blue Shield of California
Humana	HMO Illinois
Cigna	Health Options
Health Net	Tufts Health Plan
CaliforniaCare	Blue Care Network of Michigan
Foundation Health	Blue Choice
HIP	HMO Blue
Kaiser	Harvard Pilgrim Health Care

In order to facilitate reimbursement for ERBITUX and formulary acceptance (via the Technology Assessment Groups), it will be important to develop specific strategies and tactics aimed at the decision-makers within these organizations not only during the pre-launch phase but also on an on-going basis post-launch.

Indemnity:

Since insurance companies do not reimburse providers for the cost of administering chemotherapy, the profit made on drug mark-ups is a mainstay of most private practices. One way that insurance companies are trying to reduce payments to community oncologists is through the practice of "brown bagging" chemotherapy drugs. The term was coined to describe what happens when 1) an insurance company finds an inexpensive wholesale supplier of oncology drugs, 2) has the supplier ship the drugs to pharmacies near the company's subscribers, and 3) requires its subscribers to pick up the drugs themselves and take them to their oncologist's office in a "brown bag" for infusion. Many oncologists say brown bagging creates so many quality control and patient care problems it should be completely abandoned. In response, insurance companies have developed several brown bagging strategies that address physician concerns, but allow insurance companies to keep their profits. Trigon Blue Cross/Blue Shield, Kaiser Permanente, and the American Association of Health Plans are three payors known to actively participate in this process.

Cash:

In order to overcome access to care issues, or to compensate for lack of insurance coverage, a percentage of the population will rely on themselves to pay for care. At this time we do not have an accurate estimate on this population although it is less than 10%.

Success factors for preferred status

Initially, Erbitux reimbursement will be for indication only and will be filed under a J9999 code. ("Not otherwise classified code"). As discussed earlier, J-codes are for use by physicians providing services in non-facility settings (OBO) under the "incident to" provision on an HCFA-1500 form.

Importantly, the deadline to submit for an individual J-Code is April 1st. This application can be made once six months of marketing data becomes available. If the application is accepted, the J-Code will be assigned in November and will be effective in January of the following year.

Reimbursement in the outpatient hospital setting requires the submission of a C-code application. Applications for C-codes are accepted by CMS three times per year. (For example: for consideration of a July 1st implementation, the application must be submitted March 1st.) Until a C-code is assigned, the hospital will not receive any reimbursement for product use. Additionally, once the C-code is assigned, retroactive coverage will not be provided.

Once an official J-code has been assigned to the product, the hospital outpatient department will retire the C-code and begin utilizing the established J-code.

If Erbitux is launched in 2002, the following reimbursement scenarios will exist:

- Office based and hospital based reimbursement: 95% of AWP
- EGFR testing would be reimbursed and would be billed by the pathologist
- Off-label support would require publications from peer reviewed sources
- If second to market, begin assessment of broad compendia coverage for all EGFR inhibitors across all EGFR positive tumor types.
- Value added programs will be accessible to assist with launch efforts. (RAP, Procent)

If Erbitux is launched in 2003, the following reimbursement scenarios will likely exist:

- "Access to Cancer Therapies Act" approved in fall 2002 for rapid uptake in 2003
- Office-based oncology reimbursement: WAC+%, increased administrative fees
- Hospital based reimbursement: APC pass through pools eliminated

Consequently, the following plan of action required:

- 1) Assess timing of C-code submission provided July 2003 launch is eminent
 - 2) Identify opportunities to accelerate J-code submission
 - 3) Gain support from ASCO on EGFR expression compendia reimbursement vs. traditional requirements.
 - 4) Understand Herceptin requirements to manage potential impact.
- Stage of disease required with claim
 - Her2 results upon request from carrier